



Thursday, August 24, 2017

[Printer-Friendly Version](#)**In This Issue:**[House Democrats Release Newly Revised Budget Document](#)[CHA Announces Partnership with Connecticut Perinatal Quality Collaborative](#)[Congressmen Larson and Courtney Discuss Medicare Buy-In Legislation at Manchester Memorial Hospital](#)[Modern Healthcare Names Yale New Haven Health CEO Marna Borgstrom Among Most Influential People in Healthcare](#)[2017 Connecticut Health Council DC Forum in September](#)[Education Updates](#)[Update Archives](#)**House Democrats Release Newly Revised Budget Document**

On August 23, the leadership of the House Democratic caucus released a new FY 2018-2019 [budget document](#), which they say reflects their current budget discussions at the Capitol.

Based on CHA's initial review of the documents, the proposal:

- Maintains the existing supplemental hospital payment level and small hospital pool at approximately \$118 million/year.
- Creates a new supplemental payment to hospitals of approximately \$90 million/year.
- Does not increase the hospital tax.
- Does not allow municipalities to impose a property tax on hospitals.

Lastly, the proposal sets aside \$100 million in new revenue for the state related to a "hospital settlement." This revenue is being characterized by House Democratic Leadership as a "placeholder" related to ongoing hospital negotiations with the Administration.

Overall, the Democratic plan would:

- Raise the sales tax from 6.35% to 6.85%.
- Allow a local-option additional 1% food/beverage tax (to be retained by municipalities).
- Authorize daily fantasy sports betting.
- Eliminate the sales tax exemption for non-prescription drugs.
- Increase the cigarette and luxury tax rates.

Additionally, the plan does not require municipalities to pay for costs associated with teacher pensions. It would reduce income tax credits for middle and low income families, and defer a third consecutive income tax break for retired teachers.

At a press conference after a meeting of the General Assembly's leadership on August 22, Speaker Joe Aresimowicz (D-Berlin) said he was encouraged by the talks among legislative leaders and hoped to have bipartisan support for the budget. Also at the press conference, Republican leaders said they are working on a new budget proposal, which will be released in the coming days, that will take into account the SEBAC agreement previously approved along party lines in July. The Speaker has asked House members to keep the week of September 11 open for a possible debate and vote on the budget.

Also related to the budget, on August 18, Gov. Malloy issued a revised Executive Order related to the funding of state government absent a state budget approved by the General Assembly.

The Governor's revised Executive Order eliminates the \$182 million in Payment In Lieu Of Taxes (PILOT) payments that towns expect to receive on September 30 for exempt hospital, college, and state properties. Additionally, it would restore \$40 million in funding for the private, not-for-profit community providers, zero out education funding for 85 communities, reduce education funding for 54 communities, and level funds (FY 2017) for the state's 30 neediest communities.

The Executive Order changes announced last Friday would take effect if the General Assembly is unable to pass a budget before October.

**CHA Announces Partnership with Connecticut Perinatal Quality Collaborative**

CHA and the Connecticut Perinatal Quality Collaborative (CPQC) have entered into a partnership to improve the health and quality of care for mothers and infants. The partnership means CPQC will transform from an independent collaborative to a CHA collaborative.

"Over the last three years, CHA has worked with the CPQC to improve the health and quality of care for mothers and infants," said Jennifer Jackson, CEO, CHA. "We are pleased to enter into this relationship with CPQC; it will enable us to expand our statewide focus on this important work, and will bring new opportunities for joint education, research, and clinical collaboration."

The CPQC includes volunteer physicians, nurses, lactation consultants, additional maternal/infant healthcare providers, and state agency/community stakeholders. It promotes high quality maternal and newborn care across the continuum by facilitating cooperation among hospitals and healthcare providers, supporting evidence-based newborn care practices, sharing educational and training resources, and gathering critical data.

The CPQC has worked on issues including perinatal health and opioid addiction. It plays an active role in the Neonatal Abstinence Syndrome (NAS) and Improving kNowledge to Decrease Early Elective Deliveries (INDEED) initiatives.

Marilyn R. Sanders, MD, Attending Neonatologist at the Connecticut Children's Medical Center and Professor of Pediatrics, University of Connecticut School of Medicine, and Christopher Morosky, MD, Assistant Professor, Department of Obstetrics and Gynecology, UConn John Dempsey Hospital and University of Connecticut School of Medicine, serve as Co-Chairpersons of the CPQC.

### Congressmen Larson and Courtney Discuss Medicare Buy-In Legislation at Manchester Memorial Hospital



At a press conference at Manchester Memorial Hospital on August 14, Congressmen John Larson (D-CT) and Joe Courtney (D-CT) touted their legislation that would allow individuals ages 50 to 64 to buy into the Medicare program.

The legislation, known as the Medicare Buy-In and Health Care Stabilization Act, will be filed when Congressmen Larson and Courtney return to Washington after the summer recess. The Act would allow people to begin Medicare coverage at age 50 if they pay premiums to cover the actual cost of the insurance. Plans would be offered on the state and federal health exchanges, providing opportunity for comparison shopping. Additionally, the Act would allow premiums to be paid with premium tax credits or cost sharing reductions provided for under the Affordable Care Act (ACA). Click [here](#) for a summary of the Medicare Buy-In and Health Care Stabilization Act.

Rep. Courtney stated in a press release discussing the bill, "With the demise of 'repeal,' which was structured from day one as a hyper-partisan Republican exercise, it is time Congress listens to what the American people have been saying loud and clear for several years. We need to work together to fix the weaknesses in the ACA rather than butcher it. The Medicare Buy-In and Health Care Stabilization Act provides relief for the higher cost, older population in the individual and small business market, and restores the market stabilizers that Republicans have undermined and caused insurance premiums to spike in 2017 and 2018."



"In public events and town halls across the country, the American people have spoken up and demanded solutions," said Rep. Larson. "They have rejected ACA repeal and they have rejected partisan bickering. This proposal will give Americans (ages 50-64) the ability to buy into Medicare should they find their current options on the private market unaffordable or unsatisfactory. Additionally, through targeted reforms focused on improving the quality and delivery of care, we are looking to the future to strengthen the long-term solvency of Medicare and the healthcare system overall."

### Modern Healthcare Names Yale New Haven Health CEO Marna Borgstrom Among Most Influential People in Healthcare



Marna P. Borgstrom, CEO, Yale New Haven Health (YNHHS) and Yale New Haven Hospital (YNHH), has been named among the Top 100 Most Influential People in Healthcare by *Modern Healthcare* for 2017. Ms. Borgstrom was ranked #59.

"YNHHS has enjoyed unparalleled success under Marna Borgstrom's exemplary leadership," said Vincent Calarco, Chairman of the YNHHS Board of Trustees. "This honor underscores what all who work with and for Marna already know – she is committed to making healthcare better and more accessible for all who need it."

Ms. Borgstrom has been with YNHHS since the beginning of her professional career. She received her master's in public health at Yale School of Medicine and, since 1979, held a variety of staff and leadership roles before being named President and CEO of YNHHS and CEO of YNHH in 2005. She was named CEO of both YNHHS and YNHH in 2016. Over the past 11 years, both the hospital and health system have grown and focused on integrating cost-effective, patient-centered healthcare services. Ms. Borgstrom serves on several national and local boards including the CHA Board of Trustees. She chairs The Coalition to Protect America's Healthcare (Washington, DC).

"I'm honored to be in the company of such a distinguished group of healthcare leaders and advocates across the United States," said Ms. Borgstrom. "I consider this recognition to be a reflection of the great work that is being done by all our YNHHS boards, employees, and medical staff members to ensure that we make a positive impact on the lives of the patients we are privileged to serve."

This is the 16th annual publication of the 100 Most Influential People in Healthcare ranking. The final ballot comprised 300 candidates based on those nominations. Some 74,000 ballots were cast representing more than 370,000 votes for individual nominees. Readers' votes counted toward 50% of the final outcome; the senior editors at *Modern Healthcare* accounted for the other 50% to determine the final list and ranking.

### 2017 Connecticut Health Council DC Forum in September



The Connecticut Health Council, an association of health sector leaders who work together to promote



Connecticut as a premier center for the development of businesses, initiatives, and technology that improve healthcare and wellness, is holding a forum in Washington, DC, from September 13-14, 2017.

The program will offer national perspectives on innovation and healthcare policy, provide federal insight on healthcare and its impact nationally and in Connecticut, and discuss ways to help leverage Connecticut's health sector as a driver of economic growth.

We encourage you to register to attend by clicking [here](#).

## Education Updates

### **Staff to Management: Starting the Transition**

Monday, September 18, 2017

9:00 a.m. - 3:00 p.m.

[View Brochure](#) | [Event Registration](#)

Making the transition from being a staff person one day to a supervisor/manager the next is a significant step. Transitioning from individual contributor to being effective in a leadership role is far more challenging and complicated than ever before and requires the ability to use the tools of diplomacy, negotiation, persuasion, and alliance-building to a greater degree than one used in the past.

Managing the demands of your organization for high productivity and quality, combined with financial prudence and regulatory compliance, are only part of the equation. Participants will discover that those tasks must be balanced with an excellent grasp of human relations skills in working closely and collaboratively with others and managing change.

Continuing education credits will be provided. Please see the brochure for details.

### **Conflict Management: Engaging the Difficult Employee**

Tuesday, September 19, 2017

9:00 a.m. - 3:00 p.m.

[View Brochure](#) | [Event Registration](#)

It is clear to almost everyone that conflict is inevitable in life—in our personal lives as well as in the workplace. Different personalities, different work styles, cultural/ethnic norms, and differences in generational mix, all lead to an endless possibility of conflict surfacing at work.

What is not so clear is the role conflict plays in the process of change and effective team problem solving—both major factors in improving organization performance. How can we recognize and manage the sources and trigger points of conflict? When is conflict healthy—what makes it destructive? How can we reduce or defuse unnecessary conflict? What are the various styles of dealing with conflict, and the risks and benefits of each approach?

Continuing education credits will be provided. Please see the brochure for details.

### **Lean Principles: Process Flow and Value Stream Mapping in Healthcare**

Session I: Wednesday, September 20, 2017

9:00 a.m. - 2:00 p.m.

Session II: Thursday September 28, 2017

9:00 a.m. - 2:00 p.m.

[View Brochure](#) | [Event Registration](#)

As the demands of health reform drive change in all areas of healthcare delivery, hospital leaders are focused on transforming their organizations through strategies that simultaneously increase revenue and sharply reduce costs. Lean principles offer leaders a management system and methodology that improves team engagement, eliminates road blocks, and allows hospitals to improve the quality of care for patients by reducing errors and waste streams, including wait times. It is a systematic approach to reducing costs and risks, while simultaneously setting the stage for growth and expansion.

Please note: this is a two-session program, participants should attend both sessions.

Continuing education credits will be provided. Please see the brochure for details.

### **HIIN: Back to Basics: Addressing Hospital-Acquired Conditions and Sustaining Change**

Wednesday, September 20, 2017

9:00 a.m. - 3:00 p.m.

[View Brochure](#) | [Event Registration](#)

Despite the progress to date in reducing Hospital-Acquired Conditions (HACs), much work remains to be done to ensure that the U.S. healthcare system is as safe as it can possibly be. Join national experts as they share strategies to guide further improvements in

healthcare delivery, as well as strategies to develop, disseminate, and sustain evidence-based practices to make healthcare safer.

The program is being presented as part of the Partnership for Patients HIIN educational series.

