



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Wednesday, March 23, 2011**

SB 1184, An Act Concerning Health Care Facilities

The Connecticut Hospital Association (CHA) appreciates this opportunity to present testimony concerning **SB 1184, An Act Concerning Health Care Facilities**. CHA opposes this bill.

SB 1184, among other things, authorizes the Commissioner of Public Health to issue summary orders and fines against hospitals, and requires hospitals to submit additional financial information to the Office of Health Care Access.

Overall, SB 1184 would be a step backward. Connecticut does not need another example of the state's power to punish. This is especially so here, where the bill would do nothing to assist the state or hospitals in improving the quality of healthcare for Connecticut's patients, and would not promote patient safety or advance quality of care in Connecticut. Moreover, SB 1184 ignores the strong national consensus by health and medical policy experts, including patient-oriented advocate groups such as the Institute of Medicine, who have repeatedly stated that successful quality improvement through hospital oversight must be designed and performed through non-punitive efforts.

Contrary to the approach encompassed by SB 1184, CHA strongly encourages DPH to adopt as a priority proven methods of patient safety and quality improvement by modeling the comprehensive and evidence-based approaches of quality and patient safety focused organizations such as the Joint Commission. By implementing the types of initiatives successfully used by several other states, instead of using punitive measures, we would provide clear expectations and seek to work together for better patient care outcomes.

More specifically, CHA has the following concerns with SB 1184. Section 1 would change section 19a-494a of the general statutes to substantially expand powers of DPH to include summary powers against licensed healthcare institutions, without any demonstrated need for such a drastic change. The power to take action without due process currently only applies to home healthcare services.

Under this section of this bill, DPH could shut down a hospital, without any advance notice or hearing, and without having to adhere to established administrative procedures, based solely on a finding that any one patient's health, safety, or welfare "imperatively requires emergency

action.” The current language is designed for home healthcare where a patient's only contact with the outside world may be their home care provider. It is not designed for integrated care settings that have substantial internal and external oversight. To grant such sweeping powers to DPH is unnecessary. Hospitals are already subject to numerous regulatory enforcement provisions under state and federal laws. DPH currently has the power, with very minimal due process, to revoke or suspend a license, censure a hospital, issue a letter of reprimand, place the hospital on probationary status, restrict a hospital's acquisition of other facilities, or to issue an order compelling compliance with statutes and regulations. These powers are more than sufficient. CHA is unaware of any justification for removing due process from these enforcement powers.

Sections 2 and 3 of SB 1184 would permit the Commissioner to impose on hospitals a fine of up to \$25,000 for each violation of a statute or regulation. This monetary penalty would be in addition to the Commissioner's existing statutory powers to revoke, suspend, or censure a license, or to order compliance or place a hospital on probation. Hospitals are already fined under existing laws. As shown on the DPH website, which includes the results of DPH's consent agreement process, hospitals currently pay substantial fines as part of regulatory oversight.

Section 10 of this bill requires hospitals to submit additional financial and operational information to OHCA on a quarterly basis. Hospitals already submit significant financial information to OHCA on an annual basis. The goal appears to be to provide OHCA with statistical data on a more real-time basis to allow it to assess the financial condition of the healthcare system throughout Connecticut. We support the goal, but it cannot be achieved with information only from hospitals and without information from any other providers. In addition, this requirement would significantly increase the regulatory burden on hospitals in a year when the state, in order to address its budget deficit, is making significant reductions to hospital reimbursement.

This bill would undermine the significant work that Connecticut's hospitals, DPH, and this General Assembly have done in recent years to improve and promote patient safety and quality in Connecticut. In this culture of increasing awareness about what improves patient care and what does not, we need to listen to national experts, including patient-oriented advocates such as the Institute of Medicine, the National Center for Patient Safety, and The Joint Commission, all of which agree that a punitive focus on accountability is a stumbling block to improvement.

CHA will continue to seek out partners willing to work with us on the common goal of ensuring that better healthcare is available, and delivered, to all of Connecticut's residents. CHA welcomes the opportunity to work together with DPH toward improving the safety and quality of patient care.

Thank you for your consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.