



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 15, 2013**

**SB 992, An Act Concerning Various Revisions To The Office Of
Health Care Access Statutes**

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning **SB 992, An Act Concerning Various Revisions To The Office Of Health Care Access Statutes**.

Before outlining our concerns, it's important to detail the critical role hospitals play in the health and quality of life of our communities. Connecticut hospitals are more than facts and figures, and dollars and cents. Hospitals, at their core, are all about people. All of our lives have, in some way, been touched by a hospital: through the birth of a child, a life saved by prompt action in an emergency room, or the compassionate end-of-life care for someone we love. Or perhaps our son, daughter, husband, wife, or friend works for, or is a volunteer at, a Connecticut hospital.

Hospitals provide care to all people regardless of their ability to pay. Connecticut hospitals are the ultimate safety net providers, and their doors are always open.

SB 992 requires not-for-profit hospitals to submit to the Office of Health Care Access (OHCA) a copy of their most recently completed Internal Revenue Service Form 990, their most recent Community Health Needs Assessment (CHNA), and data related to the CHNA. The bill authorizes OHCA to fine hospitals and other providers for failure to comply with OHCA's inventory questionnaire, as required by Section 19a-634. As well, the bill further defines a "detailed patient bill."

CHA opposes Section 1 of the bill, which would mandate that each 501(c)(3) tax-exempt hospital submit its federal tax Form 990 and most recent Community Health Needs Assessment (CHNA), as well as data related to the CHNA, to OHCA. We question the need for this mandate and respectfully request that the Committee delete Section 1 of the bill.

Connecticut hospitals have been submitting their Form 990s to OHCA for many years as part of the information provided to OHCA in hospitals' annual filings. CHA is not aware of any issues or problems related to hospitals providing such information to OHCA. This duplication of efforts is unnecessary and will cause confusion with respect to the submission of these forms and the annual filing.

With respect to the CHNAs, the submission requirements come directly from the *Patient Protection and Affordable Care Act* (Affordable Care Act), and are designed to further the goals of national healthcare reform. Although the federal rules for CHNAs are still evolving, and hospitals are focusing on the specifics of the submissions required by the IRS, we do know that the federal requirements mandate that CHNAs be made “**widely available**” to the public and, as such, there is no need to have them submitted to OHCA.

Section 2 would remove a provision in Section 19a-653 that clarified that healthcare facilities should not be subject to fines for failing to complete OHCA’s facilities inventory questionnaire. Section 19a-634 requires OHCA to develop an inventory questionnaire to obtain the following information: (1) the name and location of the facility; (2) the type of facility; (3) the hours of operation; (4) the type of services provided at that location; and (5) the total number of clients, treatments, patient visits, and procedures or scans performed in a calendar year. Over the past year, OHCA, in collaboration with dedicated healthcare professionals from across the state, developed a Statewide Health Care Facilities and Services Plan, as well as a statewide inventory of all healthcare facilities. We applaud OHCA and its leadership for this significant achievement. Its development took more than a year and required **many** versions and levels of questionnaires and surveys be sent to hospitals and providers. Without stakeholder cooperation and input, this process would have taken far longer, and would not have yielded such a useful product. CHA is concerned that the threat of fines and penalties will harm the collaborative environment that was essential to creating the Statewide Health Care Facilities and Services Plan and the inventory, and is contrary to the overall goals of statewide health facilities planning. As such, CHA urges the Committee to delete Section 2 of the bill.

Section 3 seeks to redefine the level of detail that hospitals must include on patient bills to include in each line item a hospital's current pricemaster code, a description of the charge, and the cost of the charge. We are of course aware of the current, broad discussion concerning pricemaster and hospitals charges. Medical billing and coding is very complicated, and the fact that Medicare, Medicaid, and private insurers each pay and assess bills differently adds to the perpetual confusion that patients experience. We share the frustration many feel at the confusion surrounding billing and coding for hospital and other medical services, and we wish there were a way to simplify it. Unfortunately, with various mandated coding systems, and different rules for different insurance companies and government programs, it is not currently possible to capture all of the required information and still keep it simple. We believe that the changes sought in Section 3 will merely add to the confusion. Specifically, adding “cost of the charge” to patient bills will result in widespread confusion because of the number of variables that go into “cost of the charge.” CHA recommends deleting the phrase “the cost of the charge” to reduce further confusion. Additionally, there are times when that information is not readily available, and cannot be processed by a hospital’s electronic billing system, because it is dependent on the insurer or government program processing the charges.

Thank you for your consideration of our position.

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