



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Friday, March 14, 2014**

**HB 5537, An Act Concerning The Department Of Public Health's  
Recommendations Regarding Various Revisions To The Public Health Statutes**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 5537, An Act Concerning The Department Of Public Health's Recommendations Regarding Various Revisions To The Public Health 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. 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 treat everyone who comes through their doors 24 hours a day, regardless of ability to pay. In 2012, Connecticut hospitals provided nearly \$225 million in free services for those who could not afford to pay.

Connecticut hospitals are committed to initiatives that improve access to safe, equitable, high-quality care. They are ensuring that safety is reinforced as the most important focus—the foundation on which all hospital work is done. Connecticut hospitals launched the first statewide initiative in the country to become high reliability organizations, creating cultures with a relentless focus on safety and a goal to eliminate all preventable harm. This program is saving lives.

CHA opposes Section 16 of HB 5537, which seeks to give the Department of Public Health (DPH) authority to take summary action against any licensed healthcare institution without a hearing, review, or appeal process. Under this section of the 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, in which a patient's only contact with the outside world may be with his or her home care provider. It is not designed for integrated care settings like hospitals that have substantial internal and external oversight. To grant such 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 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 DPH enforcement powers, and urges the Committee to remove Section 16.

CHA supports Section 17 of the bill, which would provide flexibility to DPH when reviewing a facility's physical plant requirements. This is a reasonable approach to dealing with various rules, regulations, and guidelines that are too often outdated and outmoded such that they bear no reasonable relationship to patient safety or well-ordered operations.

In addition, although not in the bill, we wish to bring to your attention a matter of concern that relates to a very recent change in federal law affecting a patient's right to access his or her laboratory results. As published in the February 6, 2014 Federal Register, the federal government recently changed regulations in the Clinical Laboratory Improvement Amendments (CLIA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to require laboratories to give patients direct access to their test results. As part of these changes, state law may not curtail a patient's right to direct access to lab results. These changes have the immediate impact of rendering certain Connecticut laws and regulations preempted and invalid. We believe it is important to repeal these now preempted laws to avoid the otherwise high risk that patients' rights will be violated, if only accidentally due to confusion. The new federal rules are effective as of April 7, 2014.

We ask that section 20-7c of the General Statutes be amended as set forth below:

Add to subsection (b)(2) as follows:

(b) (2) notify a patient of any test results in the provider's possession or requested by the provider for the purposes of diagnosis, treatment or prognosis of such patient. In addition, upon the request of a patient or a provider who orders medical tests on behalf of a patient, a clinical laboratory shall provide medical test results relating to the patient to **(a) the patient or (b) any other provider who is treating the patient for the purposes of diagnosis, treatment or prognosis of such patient.**

Delete subsection (c) in its entirety.

We are confident that DPH is in the process of reviewing the Public Health Code to determine which regulations must be changed to comport with the new federal patient rights, including review of 19a-36-D32. We look forward to working with DPH and the Committee to ensure all relevant law changes are made in a manner that swiftly and accurately reflects these new patient rights.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.