



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
MONDAY, MARCH 7, 2016**

HB 5537, An Act Concerning Various Revisions To The Public Health Statutes

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 5537, An Act Concerning Various Revisions To The Public Health Statutes**. CHA supports several sections of the bill, and offers comments on the potential need for changes to certain other sections of the bill, as outlined below.

Before commenting on the bill, it's important to point out that Connecticut hospitals provide core healthcare services to all of the people in Connecticut, 24 hours a day, regardless of ability to pay. Connecticut hospitals offer safe, accessible, equitable, affordable, patient-centered care that protects and improves peoples' lives.

CHA supports sections 8, 25, 26, and 27 of the bill, for the following reasons:

Section 8 extends the period of the Medical Orders for Life-Sustaining Treatment (MOLST) pilot project, which seeks to offer patients better, informed choices for their care after reaching a progressed stage of a life-limiting illness. The pilot was set to expire October of 2016. The bill extends this important pilot for another year, until October 2017.

Section 25 is designed to add clarity to the timeline under which a hospital must make required arrangements for disposition of bodies of deceased persons that, unfortunately, were not claimed by any family or friends for burial.

Section 26 removes confusion in last year's legislation relating to diet orders, to make clear that dietitian-nutritionists may sign diet orders for hospital patients, as already permitted within their recognized scope of practice. The bill also clarifies that a physician may choose to make a verbal diet order with the involvement of a dietitian if the physician later countersigns the order.

Section 27 of the bill relates to placentas and would authorize a hospital to honor a mother's request (or the request of a spouse if the mother is not able to make the request) to take home the after-birth placenta for personal purposes. Several other states already recognize this as a

common and established practice. While not all patients will want the placenta, there are many patients that express their wish to use the placenta for religious, spiritual, or personal reasons. CHA and its hospitals strongly support this bill to improve cultural sensitivity and better honor patient wishes. We have worked with DPH to fashion language that meets the patient's and family's needs, while still providing for safe handling of the placentas.

CHA has the following concerns about the bill:

We have concerns about Section 5 of the bill, which redefines certain mental health facilities as adult only – when in fact some of these facilities serve older teens. CHA believes that the bill is not intended to diminish access to care, and we look forward to working with the Committee and DPH to ensure that teen access to mental healthcare is not negatively affected by the language in the bill.

We also have some concerns about Section 24, a section that seeks to clarify that children's hospitals and chronic disease hospitals are not required to have all records stored on-site, at all times. Our concern is that the language in the bill is too narrow, and may accidentally conflict with other laws relating to record requests and record access. We have raised our concerns with DPH, and are working to find language that would better represent the intent of the bill.

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