



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Wednesday, March 2, 2016**

SB 289, An Act Concerning Health Care Services

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 289, An Act Concerning Health Care Services**. CHA supports SB 289.

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.

SB 289 makes minor substantive changes to PA 15-146 and clarifies a provision related to oxygen-related patient care activities in hospitals.

Sections 1 to 8, inclusive, make important changes to PA 15-146 by, among other things, clarifying: (1) the date by which hospitals are required to provide cost and quality notice to patients at the time of scheduling a diagnosis or procedure on a list provided by the Department of Insurance and Commissioner of Public Health; (2) what information should be provided in the cost and quality notice to patients; (3) the care setting to which the notice applies; (4) the information to be provided on a billing statement; (5) the information that a hospital is required to disclose without a patient's consent; and (6) the entities required to obtain approval from the Office of Health Care Access and Attorney General's office to purchase a physician's practice of eight or more physicians.

CHA strongly supports these changes and looks forward to working with this Committee as well as Senators Looney and Fasano, the lead sponsors of the Bi-Partisan Work Group on Hospitals and Health Care, on these issues.

Section 12 makes a minor substantive change to the statute related to oxygen-related patient care activities in hospitals. Specifically it requires hospitals to specially train individuals not already covered by the oxygen law, and affirmatively make determinations of their competency using standards set by clinical committees. In addition, Section 12 clarifies that

Section 19a-903b does not limit transportation of oxygen equipment, including when the oxygen is not being used by a patient (e.g., delivering oxygen cylinders from a storage area to a medical floor for later use with patients, or carting empty cylinders to the appropriate area for processing). CHA supports these changes.

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