



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Monday, March 18, 2019**

**HB 7278, An Act Concerning Mobile Integrated Health Care**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 7278, An Act Concerning Mobile Integrated Health Care**. While CHA supports the engagement of healthcare providers across the continuum of care to meet patient need, we have concerns about the bill as drafted.

Before commenting on the bill, it is important to point out that Connecticut hospitals and health systems provide high quality care for everyone, regardless of their ability to pay. By investing in the future of Connecticut's hospitals, we will strengthen our healthcare system and our economy, put communities to work, and deliver affordable care that Connecticut families deserve.

Representatives of CHA and Connecticut hospitals were grateful for the opportunity to serve on a 24-member working group established pursuant to Section 45 of Public Act 17-146, led by the Department of Public Health (DPH), in consultation with the Departments of Social Services (DSS) and Insurance (DOI). The Legislative Report to the General Assembly Regarding Mobile Integrated Health (Report), dated March 1, 2019, included several recommendations related to the potential implementation of mobile integrated healthcare (MIH) programs in Connecticut.

The timing of the Report aligns well with recent related opportunities in Medicare. On February 14, 2019, the Centers for Medicare & Medicaid Services (CMS) announced a new grant program to operators of up to 40 emergency medical services (EMS) 911 dispatch centers across the nation. The grants will support the implementation of a new payment model for ambulance services and related treatment that will provide reimbursement even when patients are not taken to a hospital emergency department (ED).

Emergency Triage, Treat, and Transport (ET3) is a voluntary, five-year payment model that will offer greater flexibility to ambulance care teams to address emergency healthcare needs of Medicare beneficiaries following a 911 call. Under the ET3 model, CMS will pay participating EMS agencies to partner with qualified healthcare practitioners to (1) transport an individual

to an ED or other destination covered under the regulations, (2) transport to an alternative destination (such as a primary care doctor's office or an urgent care clinic), or (3) provide treatment in place with a qualified healthcare practitioner, either on the scene or connected using telehealth.

While Connecticut is well positioned to pursue the adoption of innovative MIH models such as ET3, any new program must successfully integrate with the array of existing healthcare and social service partners to improve the health of people in the community and reduce costs. Such programs must also abide by existing legal and regulatory requirements, and include robust regulatory oversight and quality assurance.

CHA is concerned about the absence of alignment between HB 7278 and the recommendations included in the Report. We believe that the bill should be revised to incorporate the requirements for an MIH program endorsed in the Report, including but not limited to the completion of a community needs assessment, adherence to the current certificate of need process, and operation within the parameters of the paramedic scope of practice. DPH should exercise oversight authority over any MIH program through licensure with the Office of Emergency Medical Services. Any MIH program should include quality assurance requirements to monitor outcomes for the health and safety of patients.

Section 4 addresses the issue of ambulance transport. We wish to highlight the importance of medical control with a hospital as an essential element of ambulance transport. Any patient transport **must** be done in consultation with a hospital.

CHA offers to work with the Public Health Committee, DPH, DSS, DOI, as well as our other colleagues on the working group, to incorporate changes to HB 7278 that will best position our state to take full advantage of opportunities to implement MIH programs.

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