



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Monday, March 29, 2021**

**HB 6666, 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 6666, An Act Concerning The Department Of Public Health's Recommendations Regarding Various Revisions To The Public Health Statutes**. CHA appreciates the opportunity to make comments on the bill.

Before commenting on this bill, it is important to acknowledge that, since early 2020, Connecticut's hospitals and health systems have been at the center of the global public health emergency, acting as the critical partner in the state's response to COVID-19. Hospitals expanded critical care capacity, stood up countless community COVID-19 testing locations, and are a critical component of the vaccine distribution plan. Through it all, hospitals and health systems have continued to provide high-quality care for everyone, regardless of ability to pay.

It is with that framework in mind that CHA is opposed to Section 66 as written. Throughout the Public Health Emergency, CHA has played an integral role in the provision of timely, accurate information to the state. COVID-19 data collection is happening every day across Connecticut's hospitals. Data are collected, sorted, standardized, and reported daily and CHA works closely with the Office of the Governor, the Department of Public Health (DPH), and other key agencies to ensure that they have the data they need to protect public health and fight the pandemic. CHA, along with the Governor's Office and DPH, was able to stand up a comprehensive and coordinated flow of vital hospital information quickly, using hospitals' and CHA's data expertise, just days into the public health emergency.

While we are in agreement with the goals of Section 66, we are opposed to the increase in civil penalties and the lack of language that addresses technology issues that may occur. Should the Committee move forward with this section of the bill, we would encourage: leaving the fines and penalties at their current statutory level; adding language that accounts for technology issues that may occur; and identifying a process that includes steps that DPH must take to resolve an issue with the provider prior to imposing a fine. Many times lack of reporting can be addressed with simple communication efforts.

CHA would also like to express strong concerns with Section 68 of the bill. While we are supportive of efforts to improve the quality of stroke care, to address disparities in the provision of such care, and to collect data to inform quality improvement, we are concerned with much of the language in Section 68. Section 68 also requires hospitals to adhere to certain data collection requirements, specified by third-party entities. As best practices and data metrics evolve over time, we are concerned that putting in statute-specific guidelines as created by third-party entities could inhibit quality improvement in the practice of stroke care. Lastly, we strongly oppose the attachment of any civil penalty to this newly proposed mandate. While we oppose this section, CHA is willing to work with the leadership of the Public Health Committee in promoting initiatives to improve stroke care in the state.

In addition to the issues outlined above, CHA would also like to request the following two amendments be added to the bill.

The first amendment concerns an issue that has been identified by hospital patients regarding marriage licenses.

From time to time hospital patients are unable, due to medical reasons, to appear in person at a registrar's office to obtain a marriage license. Our amendment seeks to provide some relief to these patients by requiring registrars to make all reasonable efforts to accommodate a patient in this unique circumstance. Current statute is silent on making accommodations and is sometimes interpreted by registrars as requiring application to be made in person at the registrar's office. The amendment will provide additional clarity to registrars and the public as to what is permitted.

To effectuate this clarification, please add the following new section to the bill to address the first issue:

Section 46b-25 of the general statutes is repealed and the following is substituted in lieu thereof:

*No license may be issued by the registrar until both persons have appeared before the registrar and made application for a license. The registrar shall take all reasonable steps to accommodate a person who is unable to appear at the registrar's office due to medical reasons that render such person confined to a medical facility. Such person who is unable to appear shall provide and attest to the registrar the reasons they are unable to appear. The registrar shall issue a license to any two persons eligible to marry under this chapter. The license shall be completed in its entirety, dated, signed and sworn to by each applicant and shall state each applicant's name, age, race, birthplace, residence, whether single, widowed or divorced and whether under the supervision or control of a conservator or guardian. The Social Security numbers of both persons shall be recorded in the "administrative purposes" section of the license. If the license is signed and sworn to by the applicants on different dates, the later date shall be deemed the date of application.*

The second item addresses an issue concerning discharge planning. As you know, there is an increasing use of electronic health records, and the existing Department of Public Health regulations have not been updated to account for the new processes involved with the

movement from paper to electronic records. As a result, CHA would ask the Committee to amend the current statute related to discharge planning.

Specifically, please add the following new section to the bill to address the second issue, as an amendment to section 19a-504c to include a NEW subsection (f) that is:

*(f) Written discharge materials referenced in this section may include electronic-only versions, and acknowledgement of any such written discharge materials may be documented through electronic means.*

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