



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
INSURANCE AND REAL ESTATE COMMITTEE  
Tuesday, March 9, 2021**

**SB 1008, An Act Concerning Health Equity, The Coronavirus  
Pandemic And Pulse Oximeters**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 1008, An Act Concerning Health Equity, The Coronavirus Pandemic And Pulse Oximeters**. CHA agrees with the underlying principles in the bill, but has concerns with the way those concepts are implemented.

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. This tireless commitment to the COVID-19 response confirms the value of strong hospitals in Connecticut's public health infrastructure and economy and reinforces the need for a strong partnership between the state and hospitals.

A pulse oximeter is a small device that clips on to the body to measure a person's oxygen blood level, also known as oxygen saturation. Poor oxygen saturation levels can raise concerns that there may be other conditions or illness causing the low level of oxygen and can indicate that supplemental oxygen is needed. Pulse oximeters are placed on a finger, earlobe, or toe. Small beams of light pass through the blood in those locations, measuring the amount of oxygen. They do this by measuring changes of light absorption in oxygenated or deoxygenated blood.

The devices can have a known and potentially dangerous weakness: some devices are far less accurate when used on persons with darker skin tones. This can lead to undetected and unmitigated low oxygen levels in persons of color. This technical weakness has been known to the medical community for many years, but the importance and evident risk of this disparity have been brought into clearer focus during the COVID-19 public health emergency. Pulse oximeters have been critical to identifying persons at risk of severe morbidity and mortality.

SB 1008 seeks to increase awareness of the inherent flaw in the devices and its potential impact on persons of color, and also seeks to prohibit health insurers from denying coverage based on what may be inaccurate pulse oximetry readings.

CHA agrees that increasing awareness of the weaknesses of some pulse oximetry devices is good policy, and we support fairness in insurance coverage. We have two suggestions for the bill:

First, the bill includes specific oversight roles for the departments of public health and insurance, but does not include the department of consumer protection (DCP) – even though pharmacies and pharmacists (who are licensed by the department of consumer protection) are specifically discussed as key healthcare providers in the bill. We urge you to add the department of consumer protection. The drug control division at DCP has a depth of understanding regarding medical devices and FDA approvals, FDA reporting of demographic subgroups to mitigate risks, and the necessary warnings and labeling requirements that will be essential to navigating this undertaking

Second, we urge that the plan for educating patients not stop at “insured” patients. CHA and its member hospitals would welcome the opportunity to work with the involved agencies to ensure that the right information can reach everyone, not just those with insurance.

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