



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Monday, March 28, 2022**

**HB 5500, 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 5500, An Act Concerning The Department Of Public Health's Recommendations Regarding Various Revisions To The Public Health Statutes**. CHA supports the bill with modifications.

Since early 2020, hospitals and health systems have been at the center of Connecticut's response to the COVID-19 public health emergency, acting as a vital partner with the state and our communities. Hospitals expanded critical care capacity, procured essential equipment and supplies, and stood up countless community COVID-19 testing locations. Hospitals have been an essential component of the statewide vaccine distribution plan including efforts to reach and serve historically under-resourced communities disproportionately affected by the virus.

HB 5500 makes several revisions to the public health statutes. CHA is providing comments on sections 37 and 38, and also requests that the Committee add a provision to the bill related to polysomnographers.

CHA opposes Sections 37 and 38 of the bill because they seek to circumvent administrative procedure and the Uniform Administrative Procedures Act. Sections 37 and 38 would grant the Office of Health Strategy (OHS) the power to "implement policies and procedures necessary to administer" the provision of sections 17b-59d and 17b-59e "while in the process of adopting such policies and procedures in regulation form." However, the bill includes no obligation for OHS to adopt regulations and it is not evident that OHS even has the power to adopt regulations for these sections of the state-wide health information exchange. The regulatory rulemaking process is in place to allow affected parties to weigh in and this approach would allow for policies to be implemented without that input. While CHA understands that there may be times, like the public health emergency, when normal process may be modified to allow for an urgent response, there is no such urgency or reason in this case.

The language in Sections 37 and 38 is also problematic because implementing policies and procedures and avoiding regulations likely does not have the effect of “required by law” as that threshold is used in HIPAA at 45 CFR 164.512(a). If OHS mandates changes to data requirements for the type and scope of patient data that must be sent to the statewide HIE, it is not evident that federal law would permit disclosures as being on a “required by law” basis from the language in the bill. That disconnect between HIPAA and the bill language will interfere with public health reporting of some of the other activities being planned for the statewide Health Information Exchange (Connie).

We ask that Sections 37 and 38 be struck from the bill.

CHA respectfully requests the addition of the following language that modifies the statutes to permit polysomnographers (those who do sleep studies) to perform oxygen-related activities. This was language that we provided to the Committee at the beginning of the session, but it failed to be included in the bill. We understand that the Department of Public Health does not object to its inclusion.

Sec. 19a-903b. Hospital designation of health care providers and technologists to perform oxygen-related patient care activities. Training. Competency testing. Exception.

A hospital, as defined in section 19a-490b, may designate any licensed health care provider and any certified ultrasound, ~~or~~ nuclear medicine, or polysomnographic technologist, to perform the following oxygen-related patient care activities in a hospital: (1) Connecting or disconnecting oxygen supply; (2) transporting a portable oxygen source; (3) connecting, disconnecting or adjusting the mask, tubes and other patient oxygen delivery apparatus; and (4) adjusting the rate or flow of oxygen consistent with a medical order. Such provider or technologist may perform such activities only to the extent permitted by hospital policies and procedures, including bylaws, rules and regulations applicable to the medical staff. A hospital shall document that each person designated to perform oxygen-related patient care activities has been properly trained, either through such person's professional education or through training provided by the hospital. In addition, a hospital shall require that such person satisfy annual competency testing. Nothing in this section shall be construed to prohibit a hospital from designating persons who are authorized to transport a patient with a portable oxygen source. The provisions of this section shall not apply to any type of ventilator, continuous positive airway pressure or bi-level positive airway pressure units or any other noninvasive positive pressure ventilation.

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