



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
LABOR AND PUBLIC EMPLOYEES COMMITTEE
Tuesday, March 12, 2024**

SB 413, An Act Concerning Predictable Scheduling

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 413, An Act Concerning Predictable Scheduling**. CHA is concerned that this bill will result in patients remaining in the hospital longer than is clinically appropriate and therefore opposes SB 413.

Connecticut hospitals are critical to their communities. They are confronting the challenges posed by a post-pandemic healthcare system with an exemplary healthcare workforce that continues to provide outstanding care. But challenges remain. Hospitals are treating sicker patients, it continues to be challenging to hire and retain staff, and the financial headwinds are grave. Through it all, hospitals are steadfast, providing high-quality 24-hour care for everyone who walks through their doors, focusing on making Connecticut's healthcare system more equitable, and driving world-class innovation right here in Connecticut.

SB 413 outlines overly prescriptive and inflexible requirements related to work schedules for certain post-acute care employees. CHA is concerned about the potential impact on the flow of patients through the continuum of care should this bill be passed into law.

Scheduling requirements for acute care hospitals and others in the healthcare environment are dynamic and are adjusted at times, which may include hourly adjustments, to meet patient care needs. The very nature of the delivery of healthcare services is unpredictable and requires a great deal of flexibility to ensure the safe care of patients in the appropriate care settings. This flexibility is especially critical at a time when workforce challenges make it difficult to attract and retain employees.

If passed into law, SB 413 would impact the dynamic nature of staffing in skilled nursing and nursing home facilities. Hospitals rely on these healthcare facilities to which patients are discharged after they no longer need care in an acute care setting. If skilled nursing and nursing home facilities are restricted and forced to follow rigid scheduling requirements, patients will likely remain in hospitals when they would be best cared for in a skilled nursing facility or other post-acute care setting. The bottleneck in patient flow through the continuum of care has a direct impact on delays and patient boarding in hospital emergency departments.

Explained in a way most may relate to based on driving the state's highways: If a highway is the continuum of care and if nursing homes are an off-ramp and there is construction restricting the flow of traffic off of the highway, all cars on the highway are impacted due to the slowdown of traffic caused by a limited number of cars being able to freely exit the highway via the off-ramp. The results are that it takes longer to get to the off-ramp for those looking to exit and those cars not needing the off-ramp are backed up on the highway and not able to freely advance down the road.

With this in mind, CHA urges the Committee not to take action on SB 413. If the Committee intends to take action on SB 413, CHA respectfully requests that the Committee consider excluding "long-term health care services establishment" as defined in the bill from any requirements imposed in the proposed legislation.

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