

Thursday, February 16, 2017

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CHA broadened its advocacy campaign on Thursday, February 16, with the launch of a new website, [www.nomorehospitaltax.org](http://www.nomorehospitaltax.org), and new TV and digital ads opposing the budget proposal to allow municipalities to levy a property tax on not-for-profit hospitals.

In addition to the ads, CHA has also activated a [social media campaign](#), which details the harm associated with taxing hospitals, and calls on lawmakers to protect patients, hospitals, and healthcare in Connecticut.

In a statement Thursday, Jennifer Jackson, CEO, CHA, said: "The proposed budget, with a scheme to let municipalities tax hospitals, has once again put hospitals and their services at risk. After more than \$2 billion taxed and cut from hospitals in the past five years, we have no choice but to once again fight back against these dangerous and unprecedented attacks on patients, hospitals, and our healthcare system. We look forward to again working with legislators to protect and defend the critical healthcare services on which the people of Connecticut deserve and rely."

Also on Thursday, CHA and hospital leaders from across the state are testifying against the proposed budget at a hearing before the legislature's Appropriations Committee. That hearing, which was scheduled to begin at press time for *CHA Update*, signals the beginning of the legislature's budget deliberations.

In [testimony](#) submitted to the Appropriations Committee in advance of the hearing, Stephen Frayne, Senior Vice President, Health Policy, CHA, urged lawmakers to reject the administration's proposal, arguing that it is based on an elaborate and ultimately unworkable series of financial transactions.

Under the proposal, the state would reduce payments to municipalities by about \$56 million and require them to pay the state roughly \$408 million to cover their share of the Teacher's Retirement System. In return, the state would remove hospitals' property tax exemption, and allow municipalities to tax hospitals approximately \$212 million per year.

State officials have proposed offsetting the new property tax by increasing hospitals' supplemental Medicaid payments. Connecticut hospitals already pay a provider tax to the state of \$556 million per year, and only \$118 million is appropriated back to hospitals in the form of Medicaid reimbursement.

"The administration proffers that this would help hospitals since the new funding would be more than the new tax and hospitals would be better off by about \$26 million per year," Mr. Frayne said in his testimony. "We don't need a new property tax and new pools to receive \$26 million in additional hospital support. If you want to provide hospitals an extra \$26 million in support, just increase the existing supplemental payments by \$26 million."

CHA is also asking legislators to preserve the small hospital pool and keep Medicaid supplemental payments as a separate line item in the state budget.

**Senate Majority Leader Bob Duff Meets with Collaborations of Care Partners**

On Wednesday, February 15, Senate Majority Leader Bob Duff (D-Norwalk) met with more than 40 healthcare professionals from across the continuum of care at CHA to discuss a variety of issues, including changes in federal healthcare law, Medicaid reimbursement, and the budget proposal to allow cities and towns to levy a property tax on not-for-profit hospitals.

*The Healthcare Conversation with Senate Majority Leader Bob Duff* is part of a series of discussions with state policy makers and hospital, nursing home, home care, and state medical society leaders.



Sen. Duff answered questions related to developing changes in federal healthcare policy, such as a potential repeal of the Affordable Care Act and the possibility of Medicaid block grants, and said he understands that healthcare providers are nervous about what will happen on both state and federal levels in the coming months.

"The only thing certain right now is that everything seems to be uncertain," he said.

During the hour-long conversation, Sen. Duff acknowledged that the state's fiscal problems are grave but said he hopes lawmakers from both parties can work together to find solutions.

"There's no low-hanging fruit. There's nothing in here but difficult, difficult decisions," said Sen. Duff. "But we've got to get through it. I'm sure you're frustrated. I'm frustrated, too."

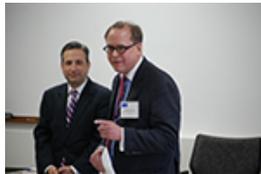
The legislature is tasked with closing a nearly \$1.8 billion deficit in the upcoming fiscal year. Governor Malloy released a budget proposal last week that attempts to close the deficit while still providing financial help for struggling cities. Part of that help would come from a plan to allow municipalities to tax real estate owned by not-for-profit hospitals; in return, the state would offset the tax with supplemental Medicaid payments.

Hospitals are vehemently opposed to the proposal – a point that was made by Jim Iacobellis, Senior Vice President, Government and Regulatory Affairs, CHA, who called the proposal "extraordinarily troubling."

Sen. Duff said that while he understands why hospitals are opposed to the plan, he needs to study the issue more before he can definitively take a position.

"I can't say I'm a fan of it at all. I'm not," said Sen. Duff. "But I can't say it's absolutely off the table."

The forum was moderated by Mr. Iacobellis and Mathew Barrett, President and Chief Executive Officer, Connecticut Association of Healthcare Facilities (CAHCF). It was hosted by the Collaborations of Care Partners: CHA, CAHCF, LeadingAge Connecticut, the Connecticut Association for Healthcare at Home, and the Connecticut State Medical Society.



## CHA Provides Testimony on Hospital-Related Bills



CHA provided testimony on a number of hospital-related bills this week.

On Friday, February 9, CHA provided testimony to the Public Health Committee in support of the following bills:

• **[SB 247, An Act Permitting The Health Care Cabinet To Study And Recommend Methods To Create A Health Care Cost Growth Target.](#)** The proposed bill would permit the Health Care Cabinet to study and recommend methods to create a healthcare cost growth target. CHA's testimony can be found [here](#).

- **[HB 5384, An Act Raising The Legal Age For Purchase And Use Of Tobacco Products.](#)** This proposed bill would raise to 21 the legal age to purchase tobacco products. CHA's testimony can be found [here](#).

CHA expressed concern regarding the following bill:

- **[SB 34, An Act Concerning The Recognition Of Stroke Centers.](#)** This proposed bill would establish a process to recognize comprehensive stroke centers, primary stroke centers, and acute stroke-ready hospitals in the state. CHA's testimony can be found [here](#).

On Thursday, February 16, CHA provided testimony to the Appropriations Committee on:

- **[HB 7027, An Act Concerning The State Budget For The Biennium Ending June Thirtieth 2019, And Making Appropriations Therefor.](#)** This proposed bill would remove the real property exemption for not-for-profit hospitals and allow municipalities to tax them. Additionally, it would eliminate the small hospital pool, among other actions. CHA's testimony can be found [here](#).

CHA provided testimony to the Insurance and Real Estate Committee on the following bill:

- **[SB 116, An Act Concerning Disputes Between Hospitals And Insurers.](#)** The bill would require disputes between hospitals and insurers regarding health insurance contract terms to be resolved by binding arbitration whenever a hospital and an insurer fail to reach an agreement regarding such terms. CHA's testimony can be found [here](#).

Also on Thursday, CHA provided testimony to the Labor and Public Employees Committee on the following bill:

- **[SB 747, An Act Prohibiting "On-Call" Shift Scheduling.](#)** The bill would prohibit the employment practice of requiring an employee to call an employer prior to a scheduled shift to confirm that the employee is needed for the shift. The bill would also require employers to give an employee at least 24 hours prior notice if the employee is not needed to work a scheduled shift. CHA's testimony can be found [here](#).

Lastly on Thursday, CHA provided testimony to the Public Safety and Security Committee on the following bill:

- **[HB 6708, An Act Concerning Notice To The Police Of Data Security Breaches Involving The Disclosure Of Personal Information.](#)** The bill would require a person who conducts business in this state who provides notice of any breach of security regarding computerized data containing personal information to provide notice of a breach to the local police department or the Division of State Police within the Department of Emergency Services and Police Protection. CHA's testimony can be found [here](#).

On Friday, February 17, CHA will provide testimony to the Public Health Committee on the following bills:

- [HB 5564](#), *An Act Concerning Accessibility Of Medical Diagnostic Equipment*, a bill that would require medical diagnostic equipment purchased by healthcare facilities to meet technical standards for accessibility by persons with disabilities.
- [SB 451](#), *An Act Protecting Patients From Unreasonable Medical Bills*, a bill that seeks to amend the statute regarding facility fees charged at hospital-owned and hospital-affiliated facilities.
- [HB 6015](#), *An Act Protecting Patients Against Surprise Out-Of-Network Medical Bills*, a bill that would require certain healthcare providers, insurers, and health maintenance organizations to provide patients with access to healthcare price and quality information.
- [HB 5168](#), *An Act Concerning Mandate Relief For Hospitals*, a bill that would eliminate certain state mandates for hospitals.
- [HB 5382](#), *An Act Requiring A Review Of The Certificate Of Need Process*, a bill that would require a review of the Certificate of Need process for the purchase of hospital machinery and equipment.
- [SB 447](#), *An Act Concerning The Bidirectional Exchange Of Patient Electronic Health Records*, a bill that would require a hospital to both accept from and send to community healthcare providers patient electronic health records including, but not limited to, diagnostic imaging.
- [SB 444](#), *An Act Requiring The Health Care Cabinet To Study Establishing A Health Care Cost Growth Target And Report On Total State-Wide Health Care Spending*, a bill that would require the Health Care Cabinet to study methods of establishing a healthcare cost growth target and monitor and report on total statewide healthcare spending.
- [SB 250](#), *An Act Concerning Clinical Placements For In-State Medical Students*, a bill that would give preference to students of medical schools located in the state over foreign medical students for placement in clinical programs at state hospitals.
- [SB 3](#), *An Act Concerning The Donation Of Organs And Bone Marrow*, a bill that would encourage organ and bone marrow donation by providing tax and paid time off incentives.
- [SB 750](#), *An Act Concerning Organ Donation*, a bill that would create an adopt an opt-out policy on organ donation.
- [HB 6483](#), *An Act Establishing A Task Force Regarding The Impending Shortage In The Psychiatry Workforce*, a bill that would establish a task force to study and recommend solutions to the impending shortage in the psychiatry workforce.
- [SB 248](#), *An Act Requiring A Certificate Of Need For The Reduction Of Services At A Hospital*, a bill that would require a Certificate of Need for the reduction of services at a hospital.
- [HB 6035](#), *An Act Concerning The Requirements For Certificates Of Need*, a bill that would change the Certificate of Need process for reductions in services.
- [HB 6496](#), *An Act Concerning Clinical Training Opportunities With Connecticut Hospitals*, a bill that would regulate programs and site rotations for Connecticut medical students.

## Special Election Candidate Profile: 32nd Senate District



Special Elections will take place on February 28, 2017, to fill two state Senate seats and one seat in the House of Representatives that were left vacant when three lawmakers declined to be sworn into office last month. With a close margin in the House and a tied Senate, the Special Elections is of great interest to both political parties. The elections could result in a narrowing of the margin in the House and a shift in the balance of power in the Senate.

CHA is featuring candidate profiles for all three races in *CHA Update*. Today, CHA will profile the race in the 32nd State Senate district.

The Special Election to choose a successor for the 32nd State Senate seat left vacant by the resignation of state Senator Rob Kane (R-Watertown) features two major party candidates: current Republican State Representative Eric Berthel (R-Watertown) and Democrat Greg Cava (D-Roxbury). The 32nd Senate District includes the towns of Watertown, Southbury, Oxford, Woodbury, Seymour, Middlebury, Bethlehem, Washington, Roxbury, and Bridgewater.

Rep. Berthel was reelected in November 2016 to his second term in the House of Representatives. He represents the towns of Watertown and Woodbury in the 68th House District. In his first term, Rep. Berthel supported hospitals by proposing legislation to repeal the hospital tax and spoke on the House floor and in committee hearings on the important roles hospitals play in their communities. During his first term, Rep. Berthel served on the Public Health, Education and Finance, and Revenue and Bonding Committees. He currently serves on the Insurance and Real Estate Committee, as well as on the Banks and Housing Committee.

Rep. Berthel has served as Vice Chairman on the Watertown Board of Education and previously worked at Eastern Connecticut Health Network, Connecticut Children's Medical Center, and CHA. He currently serves as Vice President of Strategic Outreach for Hartford Healthcare Federal Credit Union.

Rep. Berthel's campaign website can be found [here](#).

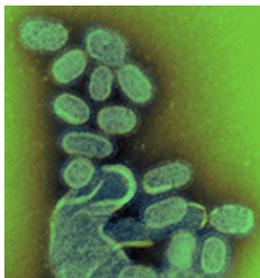
Mr. Cava, an attorney, was the Democratic nominee running against Rob Kane in the November 2016 election. Mr. Cava's community involvement includes service on the Planning and Zoning Commission, the Darien Environmental Protection Commission, and the Roxbury Inland Wetland Commission. He also served as a Roxbury Justice of the Peace. Currently, Mr. Cava is a member of the Shepaug Valley Region 12 Board of Education, where he serves as chairman of the Lease, Facilities, and Labor Negotiations Committees. He is also chairman of the Shepaug AgriSTEM and Science Laboratory Building Committee.

Candidate Cava's campaign website can be found [here](#).

The 32nd Senate District seat was left vacant when former Sen. Kane resigned on election day to serve as the Republican State Auditor.

## Flu Cases Continue to Increase in Connecticut and Across U.S.

As winter progresses, the spread of the influenza virus has picked up significantly, with increasing numbers of confirmed cases and hospitalizations due to the illness across the state.



According to the Connecticut Department of Public Health, there have been 2,560 confirmed cases of influenza and 953 hospitalizations in the state so far this season. Statewide emergency department visits attributed to the “fever/flu syndrome” recently increased and are now at 9.7 percent - significantly above the level of 5 percent statewide that is generally considered the minimum threshold when there are elevated influenza-associated ED visits.

Meanwhile, the percentage of outpatient visits with a flu-like illness has recently increased above 7 percent, well above the 1 percent that is generally considered the baseline when there are increased influenza-associated visits to outpatient facilities.

Influenza was reported in all eight Connecticut counties, but the majority of cases have occurred in Fairfield, Hartford, and New Haven counties. Twelve deaths have been reported since the beginning of flu season. The predominant influenza viruses identified this season are Type A, although the percentage of Type B influenza viruses in circulation has recently increased.

The national numbers tell a similar story. According to the Center for Disease Control and Prevention (CDC), reported flu cases spiked as 2016 came to a close and probably have not yet peaked. The two most common types of the flu virus, Influenza A and B, are spreading at a rate of 12,000 cases per week, though that number does not take into account those people who do not see a doctor for their symptoms. As of last week, all but one of 10 U.S. regions designated by the agency are witnessing elevated influenza reports, with Connecticut and 42 other states seeing widespread flu activity.

Vaccination is a best practice for patient and healthcare worker safety. In 2011, the CHA Board adopted a statewide policy endorsing mandatory influenza vaccination for hospital personnel as part of CHA hospitals' commitment to patient safety. To date, the vast majority of acute care CHA member hospitals in Connecticut have implemented a mandatory participation or mandatory vaccination program.

## 15th Annual Patient Safety Summit: Challenges and Opportunities in Healthcare

CHA's 15th annual Patient Safety Summit, co-sponsored with Qualidigm and the Connecticut Association of Healthcare Executives, will offer multiple sessions and perspectives on the challenges and opportunities of healthcare on a national and statewide level. The program is March 16, 2017, from 9:00 a.m. - 3:30 p.m.

The keynote speaker is Tiffany Christensen, a nationally recognized patient advocate and the author of three books exploring advocacy, end-of-life planning, and partnership strategies in healthcare. Her presentation, “Partnering with Patients: A Bed’s Eye View of Safety,” will weave together themes of partnership, patient safety, and patient satisfaction.

During the afternoon session, Ms. Christensen will lead a workshop, “Partners in Quality: Utilizing Patient Family Advisors Outside the Meeting Room,” which will provide information about how patient stories can help reduce staff burnout and be used in peer rounding.



Ms. Christensen is a Board member of the Beryl Institute and serves on the faculty of the Institute for Healthcare Improvement.

The Summit will also include presentations on healthcare progress in the last 15 years and provide a perspective on future challenges—specifically with regard to population health and health equity.

Please see the [brochure](#) and [event registration](#) for details.

## Education Updates

**HIIN: Antibiotic Stewardship—Improving the Use of Antibiotics to Support Patient Safety Efforts**  
Monday, February 27, 2017

12:30 p.m. - 4:30 p.m.

[View Brochure](#) | [Event Registration](#)

Antibiotics have transformed the practice of medicine. Once lethal infections are now readily treatable and other medical advances, like cancer chemotherapy and organ transplants, are possible. The prompt initiation of antibiotics to treat infections has been proven to reduce morbidity and save lives, with a recent example being the rapid administration of antibiotics in the management of sepsis. However, 20-50% of all antibiotics prescribed in U.S. acute care hospitals are either unnecessary or inappropriate. Like all medications, antibiotics can have serious side effects, including adverse drug reactions and *C. diff* infection.

The program will include discussion on how to improve the use of antibiotics, support patient safety efforts, and address this national public health issue.

The program is being presented as part of the Partnership for Patients HIIN educational series.

Continuing education credits are offered for this session. Please see the brochure for details.

## HIPAA Privacy and Security Basics

Tuesday, February 28, 2017

9:00 a.m. - 2:30 p.m.

[View Brochure](#) | [Event Registration](#)

This program will review the current HIPAA Privacy, Security, and Breach Rules, with an emphasis on patient access rights and stepped-up enforcement activities by the Office for Civil Rights. The program includes strategies for maintaining continuous compliance, a review of business associates rules, and practical tips and solutions for remaining compliant with HIPAA. Also covered are: emerging issues in cyber security, trends in state enforcement, devices and technology issues, social media considerations, and the growing risks for HIPAA-covered entities and business associates.

Continuing education credits are offered for this session. Please see the brochure for details.

### **Staff to Management: Starting the Transition**

Monday, March 6, 2017

9:00 a.m. - 3:00 p.m.

[View Brochure](#) | [Event Registration](#)

Making the transition from being a staff person one day to a supervisor/manager the next is a significant step. Transitioning from individual contributor to being effective in a leadership role is far more challenging and complicated than ever before and requires the ability to use the tools of diplomacy, negotiation, persuasion, and alliance-building to a greater degree than one used in the past. Managing the demands of an organization for high productivity and quality, combined with financial prudence and regulatory compliance, are only part of the equation.

This program will explain how those tasks must be balanced with an excellent grasp of human relations skills in working closely and collaboratively with others and managing change.

Continuing education credits are offered for this session. Please see the brochure for details.

### **Conflict Management: Engaging the Difficult Employee**

Tuesday, March 7, 2017

9:00 a.m. - 3:00 p.m.

[View Brochure](#) | [Event Registration](#)

It is clear that conflict is inevitable in life—in our personal lives as well as in the workplace. Different personalities, different work styles, cultural/ethnic norms, and differences in generational mix, all lead to an endless possibility of conflict surfacing at work.

What is not so clear is the role conflict plays in the process of change and effective team problem solving—both major factors in improving organization performance. How can people recognize and manage the sources and trigger points of conflict? When is conflict healthy—what makes it destructive? How can we reduce or defuse unnecessary conflict? What are the various styles of dealing with conflict, and the risks and benefits of each approach?

Continuing education credits are offered for this session. Please see the brochure for details.

