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Hospitals Provide Unified Opposition to Budget Proposals

CHA and hospitals from across the state gathered on March 2 to provide unified opposition to the Governor's budget proposal, which would increase the hospital tax in FY 2019 and eliminate a \$100 million grant program to hospitals for capital improvements. Hospitals testified that these changes would violate the agreement reached last year between hospitals and the state. The agreement was included in the bipartisan budget and signed into law by the Governor.

The testimony before the Finance, Revenue and Bonding Committee came during a public hearing on Governor Dannel Malloy's proposed budget adjustments for FY 2019.

CHA testified in [opposition](#) to **SB 10, An Act Concerning Revenue Items To Implement The Governor's Budget**, and **SB 12, An Act Authorizing And Adjusting Bonds Of The State For Capital Improvements And Other Purposes**. SB 10 repeals a provision included in the bipartisan budget adopted last year that will lower the hospital tax to \$384 million, effective July 1, 2019.

In his testimony before the Committee, Carl Schiessl, Director of Regulatory Advocacy, CHA, said the Administration's argument that hospitals are receiving a \$516 million tax break through the agreement is incorrect because payments to hospitals from the state also go down by \$516 million.

"It is not a tax break. It is a dollar-for-dollar reduction in taxes equal to the 2020 budgeted reduction in payments to hospitals. This is a key component of the agreement," Mr. Schiessl testified. "This proposed change violates an essential element of the historic agreement between hospitals and the state that was included in the bipartisan budget."

CHA also testified against SB 12, which repeals a provision included in the budget adopted last year that authorizes up to \$20 million in new General Obligation bonds in each of the next five years. Those grants, which are issued through the Office of Policy and Management, provide funding to hospitals for capital improvements.

Also testifying in opposition to SB 10 and SB 12 were the following hospitals and health systems: Connecticut Children's Medical Center, Day Kimball Healthcare, Griffin Hospital, Hartford HealthCare, St. Vincent's Medical Center, Stamford Health, Trinity Health Of New England, Western Connecticut Health Network, and Yale New Haven Health.

CHA Opposes New Certificate of Need Requirements

CHA and hospitals testified before the Public Health Committee on March 5 in [opposition](#) to **HB 5215, An Act Concerning The Department Of Public Health's Recommendations Regarding Revisions To The Office Of Health Care Access Statutes**. Hospitals testifying at the hearing advocated for a fair and streamlined Certificate of Need (CON) process and urged members of the Public Health Committee to reject any proposals that impose greater regulatory and financial burdens on hospitals.

Specifically, hospitals testified in opposition to policy changes that would:

- Modify the state Department of Public Health's (DPH) penalty authority by allowing DPH to impose a civil penalty of up to \$1000 a day for:
 - Failure to file a CON when it is required
 - Failure to file data or information requested by the Office of Health Care Access (OHCA)
 - Failure to comply with a CON condition
- Lower the threshold for enforcing penalties from "willfully fails" to "fails."
- Severely limit who may be an independent consultant for post-transfer activities.
- Require three separate and costly escrow accounts to be established for an application to transfer ownership.
- Eliminate the need for OHCA to adopt regulations prior to collecting data, opening the possibility that hospitals would be required to submit data without instruction and subject to significant penalty.
- Expand the disciplinary actions a post-transfer compliance reporter may take in cases of breaches of conditions.

Also testifying in opposition to HB 5215 were the following hospitals and health systems: Bristol Hospital, Connecticut Children's Medical Center, Eastern Connecticut Health Network, Hartford HealthCare, Trinity Health Of New England, Stamford Health, Western Connecticut Health Network, and Yale New Haven Health.

CHA Provides Testimony on Hospital-Related Bills

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

- **HB 5161, An Act Concerning The Department Of Public Health's Recommendations Regarding Seat Belts**, a bill supported by CHA that would expand the seat belt law to require all persons to wear seat belts, regardless of where they sit within a motor vehicle. CHA's testimony can be found [here](#).
- **SB 169, An Act Concerning Clinical Clerkships And Training**, a bill opposed by CHA that seeks to "prohibit placement of students seeking a degree as an anesthesiology assistant in clinical clerkships and training" in Connecticut. CHA's testimony can be found [here](#).
- **SB 303, An Act Concerning Urgent Care Centers**, a bill opposed by CHA that would, among other provisions, regulate the signage outside of outpatient clinics, urgent care centers, and freestanding Emergency Departments. CHA's testimony can be found [here](#).
- **HB 5296, An Act Concerning A Study To Identify Ways For State Government To Partner With Hospitals**, a bill supported by CHA that would require a study to identify ways for state government to partner with hospitals to enhance access to and affordability of healthcare and help meet hospitals' workforce and economic needs. CHA's testimony can be found [here](#).
- **SB 304, An Act Establishing A Maternity Mortality Review Committee Within The Department Of Public Health**, a bill opposed by CHA as originally drafted, that would establish a maternity mortality review committee. CHA's testimony can be found [here](#).

On Tuesday, March 6, the Human Services Committee held a public hearing and CHA provided testimony on:

- **HB 5038, An Act Concerning The Governor's Budget Recommendations For Human Services**, a bill opposed by CHA that would, among other provisions, eliminate reimbursement to hospitals for a portion of the cost of graduate medical education by Medicaid. CHA's testimony can be found [here](#).

Also on Tuesday, the Insurance and Real Estate Committee held a public hearing and CHA provided testimony on:

- **HB 5383, An Act Concerning Disputes Between Health Carriers And Participating Providers That Are Hospitals**, a bill that would extend the notice periods before a participating provider's departure or removal from a provider network, and require that health carriers and participating providers that are hospitals to continue to abide by the terms of certain contracts for 60 days. CHA's testimony can be found [here](#).
- **HB 5384, An Act Concerning Prescription Drug Costs**. CHA supports the goal of this bill, but expressed concerns with Section 2, which would require health plans to submit an annual report to the Insurance Commissioner containing statistical information on a variety of issues, such as information on complaints regarding healthcare providers and quality of care, including the ratio of the number of complaints received to the total number of individuals insured. CHA's testimony can be found [here](#).

Lastly, on Tuesday, the Committee on Children held a public hearing and CHA provided testimony on:

- **SB 325, An Act Concerning Maternal Choice In The Event Of Stillbirth**, a bill opposed by CHA that would require hospitals to inform mothers of stillborn fetuses of the right to arrange for burial or cremation of such fetuses. CHA's testimony can be found [here](#).
- **SB 321, An Act Stabilizing Working Families By Limiting "On Call" Shift Scheduling**, a bill opposed by CHA as originally drafted that would require each employer to provide not less than 24 hours' notice to an employee about such employee's shift. CHA's testimony can be found [here](#).

On Thursday, the Insurance and Real Estate Committee held a public hearing and CHA provided testimony on:

- **HB 5385, An Act Establishing A Working Group To Study Health Insurance Premium Rate Increases And Develop Recommendations To Mitigate Such Increases**, a bill supported by CHA that would establish a working group to study health insurance premium rate increases in this state and develop recommendations to mitigate such increases. CHA's testimony can be found [here](#).

Deaths from Accidental Drug Overdoses Exceed 1,000 for First Time



Deaths from accidental drug overdoses in Connecticut exceeded 1,000 last year for the first time since 2012, the year the state began collecting the data.

According to [data](#) released last week by the Office of the Chief Medical Examiner, fentanyl-related deaths outpaced deaths from heroin and related drugs for the first time.

There were a total of 1,038 deaths from accidental drug overdoses in 2017, the report indicated, up from 917 such deaths the previous year.

Of the 1,038 deaths in 2017, 677 were from fentanyl - a powerful, synthetic opioid drug either used by itself or in combination with other drugs. The total number of deaths from accidental drug overdoses represents nearly a threefold increase from 2012, when 357 people died from overdoses, according to the Chief Medical Examiner. Of those 357 deaths, 14 were from fentanyl.

Deaths from heroin, either taken alone or in conjunction with other drugs, totaled 474, down from 508 the previous year.

Chief Medical Examiner James Gill, MD, testified last month before the Legislature's Appropriations Committee that, due to the dramatic increase in accidental drug deaths, his office is performing more than 325 autopsies per year. He asked lawmakers to allocate additional funding so his office could keep up with the increased workload.

A [national report](#) issued March 6 by the Centers for Disease Control (CDC), which found that overdoses from opioids in emergency departments have significantly increased since last year, shows the effect the opioid epidemic is having on hospitals.

The report found that overdoses from opioids increased 30 percent late last summer, compared to the same three-month period in 2016. The largest jumps were in the Midwest and in urban areas, the report concluded, but increases occurred nationwide.

Connecticut has been actively working to address the opioid epidemic, both through legislation and through a new public awareness campaign, Change the Script. That campaign, which was unveiled last week, will provide communities, healthcare providers, and individuals with information on the prescription drug and opioid misuse and overdose crisis. The campaign is a joint effort of the Governor's office and the state Departments of Mental Health and Addiction Services, Consumer Protection, and Public Health.

Campaign materials are being distributed by the state to local health departments, local prevention councils, healthcare providers, and other community partners and stakeholders with information on three main topics: prevention, treatment, and recovery. These materials are intended to raise awareness of the risk of addiction to prescription opioids, highlight the proven methods of treating opioid use disorder, and highlight resources in the community to help people establish and sustain recovery.

Connecticut hospitals have been engaged for years in efforts to reduce inappropriate opioid use while ensuring patients have appropriate pain medication. In 2015, Connecticut hospitals adopted voluntary opioid prescribing guidelines to help ED staff treat patients with chronic pain conditions. The guidelines are intended to reduce inappropriate use of opioids while preserving the vital role of hospital EDs in treating patients with emergent medical conditions.

Commission on Fiscal Stability and Economic Growth Issues Final Report



On March 1, the Commission on Fiscal Stability and Economic Growth released a report to the General Assembly that includes recommendations related to state tax reform, collective bargaining, eliminating the estate and gift tax, passage of a minimum wage increase, and instituting electronic road tolls.

The 14-member Commission was charged with developing and recommending policies to achieve fiscal stability in Connecticut and to promote economic growth and competitiveness within the state.

Of note, the report calls for the state to fund fully the Payment In Lieu Of Taxes (PILOT) program with respect to state-owned property in central cities. The report does not address PILOT payments for hospital or private college properties, but it does include a recommendation to allow municipalities to charge service fees in lieu of taxes (SILOTS), while continuing to allow those institutions to retain their property tax exempt status.

Among the many recommendations made by the Commission, the following 10 are expected to be drafted into legislation by the Finance, Revenue and Bonding Committee:

- Enact a revenue-neutral rebalancing of state taxes (which becomes revenue positive when coupled with economic growth) that reduces income taxes in every bracket, selectively raises taxes on businesses, raises the sales tax rate by less than 1 percent, cuts exemptions and exclusions from all taxes by 14 percent, and eliminates the dwindling estate and gift taxes.
- Raise the gas tax to fund transportation projects and produce a plan for eventual implementation of electronic tolls.
- Create a joint budget committee of the Legislature with the power to set limits on revenues and expenses.
- Have the Legislature assume responsibility for defining state employee fringe benefits by removing them from collective bargaining for new contracts.
- Amend binding arbitration laws to permit award of compromise outcomes.
- Develop and implement a plan to cut \$1 billion from annual operating expenses.
- Reform the Teachers' Retirement System to lower costs and make it sustainable by paying down unfunded liabilities.
- Reinvest in transportation and cities, and build a major new STEM campus in one city, in partnership with a major research university.
- Undertake a series of growth initiatives, led by the Executive branch, with the funding and support to (1) develop and retain the workforce Connecticut needs, (2) support the growth of Connecticut's highest potential economic sectors, and (3) transform the business environment for entrepreneurship and innovation.
- Diversify municipal revenue streams beyond the regressive property tax, and stimulate regional service delivery.

Please click [here](#) for a copy of the full report.

Hartford HealthCare and Tufts Health Plan Create Provider-Payer Collaborative Health Plan



Hartford HealthCare and Tufts Health Plan announced on February 28 the creation of a new health plan through the formation of a joint venture.

The new company, [CarePartners of Connecticut, Inc.](#), harnesses the expertise of both organizations to bring physicians, hospitals, and a health plan together to work in alignment, increasing quality and improving the coordination of care for its members. CarePartners of Connecticut will offer Medicare Advantage plans to eligible beneficiaries, pending approval by the Centers for Medicare and Medicaid Services (CMS).

"This new partnership represents an important chapter in a larger story about the exciting shift occurring across the American healthcare delivery system — for providers and health plans to create meaningful partnerships to make care more accessible, consumer friendly, affordable, and ultimately more coordinated," said Elliot Joseph, CEO, Hartford HealthCare. "This collaboration also aligns with our vision to create a meaningful relationship with those we serve and become the trusted healthcare provider."

This is the second joint venture for Tufts Health Plan, having launched [Tufts Health Freedom Plan in New Hampshire in 2015](#).

"Our partnership with Hartford HealthCare comes at a very important time in the quickly shifting healthcare landscape, where providing the highest quality care to our members while effectively managing costs is critical," said Tom Crosswell, President and CEO, Tufts Health Plan. "Tufts Health Plan has been engaged in value-based models for more than 20 years, rooted in our Medicare Advantage business and now in place across all our business lines. We know health plan-provider collaborations can improve the experience for patients. We are excited to bring a new health plan choice to Medicare-eligible beneficiaries in Connecticut."

CarePartners of Connecticut will work closely with doctors and other providers in the network, sharing important health data. Striving to make healthcare less stressful, CarePartners of Connecticut will also develop programs and services so members can be healthy and independent.

CarePartners of Connecticut will begin offering its Medicare Advantage plans to eligible seniors during the Annual Open Enrollment period, which starts on October 15, 2018, pending approval from CMS. To learn more, visit [CarePartnersCT.com](#).

State Senator Ted Kennedy Jr. Will Not Seek Third Term



State Senator Ted Kennedy Jr. (D-Branford) has announced that he will not seek re-election in 2018, joining a growing list of legislators who have announced their retirement, their intention to run for higher office, or have otherwise decided to step down from office at the end of their current term.

First elected in 2014, Sen. Kennedy currently serves as a Deputy Majority Leader and as the Chairman of the Environment and Internship Committees, Vice Chairman of the Public Health Committee, and as a member of the Finance, Revenue and Bonding, and Transportation Committees. During his tenure in office, Sen. Kennedy championed issues related to the environment, civil rights for people with disabilities, and healthcare.

Sen. Kennedy, 56, is the son of the late Senator Edward M. Kennedy, and is a nephew of President John F. Kennedy. In addition to his duties as a legislator, Sen. Kennedy also serves as Chairman of the American

Association of People with Disabilities.

His decision not to seek a third term could have significant political ramifications for the Senate, where Democrats and Republicans each hold 18 seats. Lt. Gov. Nancy Wyman, a Democrat, holds the tie-breaking vote.

The 12th Senate District covers Branford, Guilford, Madison, North Branford, Durham, and Killingworth.

CHA Annual Meeting Awards - Deadline Approaching



CHA will hold its 100th Annual Meeting on Thursday, June 14, 2018. The deadline is approaching for nominations for Annual Meeting awards. The awards are an important part of the CHA Annual Meeting and a valuable opportunity to showcase Connecticut hospital and staff achievements.

The *2018 John D. Thompson Award: A Commemorative Award for Excellence in the Delivery of Healthcare Through the Use of Data* recognizes outstanding achievement in patient care quality initiatives. All CHA acute care and other hospital members, as well as systems, are encouraged to apply. The award is sponsored by CHA's education and research affiliate, the Connecticut Healthcare Research and Education Foundation (CHREF). Please note that there is a two-year period of ineligibility for previous *John D. Thompson Award* winners.

[Click here](#) for an application.

The *2018 Connecticut's Hospital Community Service Award*, now in its 26th year, is an excellent opportunity for recognition of outstanding achievements in community service. The award is sponsored jointly with the Connecticut Department of Public Health (DPH) and CHA. Hospital systems are permitted to apply for the *Community Service Award*, in addition to individual hospital applications. Please note that there is a two-year period of ineligibility for previous *Community Service Award* winners. (This represents a change from previous years, when the ineligibility period was three years.)

[Click here](#) for an application.

For CHA's centennial celebration, we intend to take a different approach to honoring our healthcare heroes, so there will not be a traditional application process for that award.

All entries must be received by Friday, March 23, 2018.

Education Updates

Issue-Based Forum: Patient Access Rights and Release of Information

Thursday, March 22, 2018

9:00 a.m. - 12:00 p.m.

[Event Registration](#)

CHA members are invited to attend an issue-based forum with a focus on assisting hospitals with achieving understanding and compliance related to patient access rights and release of information, including an emphasis on the nuances specific to substance use treatment records. There is no cost associated with this event, which is intended for a broad hospital audience.

CPQC Neonatal Abstinence Syndrome Conference

Thursday, March 22, 2018

9:00 a.m. - 12:00 p.m.

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

CHA will host the Connecticut Perinatal Quality Collaborative (CPQC) conference on Thursday, March 22, 2018. Presenters will discuss strategies for working with mothers in recovery from substance use disorder, as well as ways to create an environment that enables clinicians to work with mothers and babies with Neonatal Abstinence Syndrome (NAS).

Responding to the Opioid Epidemic

Thursday, March 22, 2018

1:00 p.m. - 4:00 p.m.

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

This CHA conference will address responses to the opioid epidemic. The conference will include presentations on the history of the opioid epidemic in Connecticut, the science of addiction, and practical hospital strategies for managing this patient population.

Staff to Management: Starting the Transition

Monday, March 26, 2018

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. Managing the demands of an organization for high productivity and quality, combined with financial prudence and regulatory compliance, are only part of the equation. Conference participants will discover that those tasks must be balanced with an excellent grasp of human relations skills and the ability to manage change.

Continuing education credits will be provided. Please see the brochure for information.

Conflict Management: Engaging the Difficult Employee

Tuesday, March 27, 2018

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

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

Conflict is inevitable in life—in one's 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. This program will help identify how to recognize and manage the sources and trigger points of conflict.

Continuing education credits will be provided. Please see the brochure for information.

Lean Principles: Process Flow and Value Stream Mapping in Healthcare

Session 1: Monday, April 9, 2018

Session 2: Monday, April 16, 2018

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

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

As the demands of health reform drive change in all areas of healthcare delivery, hospital leaders are focused on transforming their organizations through strategies that simultaneously increase revenue and sharply reduce costs. Lean principles offer leaders a management system and methodology that improves team engagement, eliminates road blocks, and allows hospitals to improve the quality of care for patients by reducing errors and waste streams, including wait times. It is a systematic approach to reducing costs and risks, while simultaneously setting the stage for growth and expansion.

Please note: This is a two-session program, and participants should attend both sessions.

2018 CHA Patient Safety Summit

Tuesday, April 10, 2018

9:00 a.m. - 4:00 p.m.

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

CHA's 16th annual *Patient Safety Summit*, co-sponsored with Qualidigm and the Connecticut Association of Healthcare Executives, will focus on developing strategies and processes to change care statewide. Representatives from Christiana Care Health System, recipient of the John M. Eisenberg Patient Safety and Quality Award for Innovation of Patient Safety and Quality at the Local Level, will provide the keynote presentation, and Charisse Coulombe will discuss national improvement strategies. In the afternoon, Tim McDonald, MD, JD, and Melinda Van Niel will talk about successful implementations of disclosure, apology, and early resolution programs, including the successful implementation of the Massachusetts Alliance for Communication and Resolution following Medical Injury (MACRMI) in Massachusetts.

