General Assembly Adjourns 2016 Regular Session

The General Assembly adjourned the 2016 Legislative Session at midnight, May 4. The last day brought to an end a legislative session focused on state budget deficits, falling tax revenues, calls for drastic cuts to state spending, and the reduction of the state employee workforce. Prior to adjourning, the House and Senate passed a Joint Resolution calling for a special session to address unresolved budget-related matters including the budget implementer bills – legislative proposals that contain the detailed outline of how the various agency budgets and line items are administered during the fiscal year.

Earlier on Wednesday, Governor Malloy and House and Senate Democratic leaders announced a budget deal to address the projected FY 2017 budget deficit, currently estimated at $930 million. Instead of debating and voting on the budget, House and Senate leadership opted to postpone a vote on the budget until the special session, scheduled for next week.

Of interest to hospitals, the budget, as proposed on Wednesday, will:

- Provide $120 million in supplemental payments to hospitals for FY 2017 (approximately $108 million in inpatient supplemental payments and $12 million for the Small Hospital Pool).
- Create a separate and distinct line item for hospital supplemental payments.
- Impose significant cuts to the personnel and salary accounts in most state agencies, which may require the Governor to reduce the state workforce beyond the 2,600 currently projected reductions the Administration is trying to achieve through layoffs, retirements, and attrition.

The proposal also contains continued reductions to mental health and substance abuse treatment, services, and programs, and calls for the Governor to find significant yet-to-be-determined savings.

Legislative Action in the Final Days of the 2016 Legislative Session

Leading up to the end of the 2016 Legislative Session, legislators spent their time debating, amending, and passing legislative initiatives including bills related to a number of different public policy issues. During the last several days of session, dozens of bills passed and were sent to the Governor for further action. These include:

- **HB 5534, An Act Concerning The Practice Of Naturopathy.** HB 5534 would allow DPH to establish a committee to consider the education, examination requirements, and other qualifications necessary to allow anyone licensed to practice naturopathy to prescribe, dispense, and administer prescription drugs consistent with their scope of practice. It would also allow the committee to develop a naturopathic formulary of prescription drugs for anyone licensed to practice naturopathy who meets specified educational and examination requirements or other qualifications to prescribe, dispense, or administer prescription drugs.

- **HB 5537, An Act Concerning Various Revisions To The Public Health Statutes.** HB 5537 is DPH's annual bill that makes various changes to public health statutes. Of interest, HB 5537: expands the MOLST Pilot program through October 2, 2017; adds testing for Adrenoleukodystrophy (ALD) as part of the newborn screening panel to be performed by the DPH laboratory; allows for the maintenance of medical records by a chronic disease and children's hospital in an off-site location; allows a hospital to implement an order from a dietitian for a patient diet immediately, as long as a physician signs off on such order within 72 hours; allows a woman who has given birth at a hospital to take possession of the placenta for personal use provided certain conditions are met; allows the Department of Social Services, in consultation with the Office of Policy and Management, to waive recoupment of an audit finding of overpayment made under the Medicaid program to a hospital that was under prior ownership during a portion of the audit period; and establishes a task force to study the furnishing of medical records by healthcare providers and healthcare institutions.

- **SB 289, An Act Concerning Health Care Services.** SB 289 makes minor substantive changes to PA 15-146.

- **SB 67, An Act Concerning The Authority And Responsibilities Of Advanced Practice Registered Nurses.** Among other provisions, SB 67 would allow advanced practice registered nurses (APRNs) to certify, sign, or otherwise document medical information that currently requires a physician's signature, certification, or documentation. This includes certifying a patient for medical marijuana use (except for glaucoma), issuing "do not resuscitate" orders, certifying a disability to cancel a health club contract, and certifying a disability or illness for continuing education waivers or extensions for various health professions.

- **SB 245, An Act Concerning The Reporting Of Injuries Resulting From The Discharge Of A Firearm And Stab Wounds.** SB 244 would expand current reporting procedures and evidence maintenance procedures concerning injuries resulting from the discharge of a firearm, and include stab wound injuries as those wounds reported to local police departments or the state police. The bill was amended to address CHA’s concerns related to the definition of “stab wound.”

- **SB 351, An Act Concerning Matters Affecting Physicians And Hospitals.** SB 351 makes several changes to the laws impacting hospitals, healthcare, and physicians, including limiting non-compete clauses in physician contracts. Section 1, concerning covenants not to compete, was amended to address concerns of hospitals and physicians.

- **HB 5620, An Act Concerning Insurance Coverage For Opioid Analgesics And Requiring A Study Of Impediments To Insurance Coverage For Substance Use Disorder Treatments.** HB 5620 would require the Insurance Department to study impediments for insureds to receive substance use disorder treatment.

- **HB 5053, An Act Increasing Access To Overdose Reversal Drugs.** HB 5053 would limit, in most cases, initial opioid prescriptions for acute medical conditions to a seven-day supply; require municipalities to ensure that emergency responders are equipped with and trained in the use of an opioid antagonist; require insurance companies to cover naloxone or other medications...
that treat overdoses without requiring prior authorization; require a prescriber, or someone acting on the prescriber’s behalf, to review a patient’s records in the state’s electronic prescription drug monitoring program before prescribing a controlled substance to the patient with more than a 72-hour supply; expand the membership on the Connecticut Alcohol and Drug Policy Council, and require the Council to develop by January 1, 2017 measurable goals that include reducing the number of opioid-induced deaths in Connecticut.

- **HB 5437, An Act Concerning Nonemergency Medical Transportation For Medicaid Recipients.** HB 5437 would require DSS to initiate planning for the implementation of a new service delivery model for the coordination and administration of non-emergency medical transportation services in the Medicaid program.

- **SB 372, An Act Concerning Clinical Review Criteria For Utilization Review And Adverse Determination Notices.** SB 372 would: (1) specify certain clinical review criteria health carriers may use for utilization review for the treatment of a substance use disorder or the treatment of a child, adolescent, or adult mental disorder, (2) require health carriers to post clinical review criteria on their Internet web sites, and (3) require that an adverse determination notice include a reference to the specific rule, guideline, protocol, or other criterion the health carrier relied upon to make the adverse determination.

- **SB 131, An Act Concerning The Working Group On Behavioral Health Utilization.** SB 131 would require the gathering and analysis of pre-authorization denials for mental health services and the percentage of claims paid to out-of-network mental health providers.

- **SB 88, An Act Establishing A Task Force To Study The Zoning Of Temporary Health Care Structures.** SB 88 would establish a task force to study issues related to allowing a temporary healthcare facility to be located on the same property as a residential property.

- **HB 5356, An Act Concerning Veterans’ Health Records.** HB 5356 would eliminate a financial barrier for veterans who need their medical records submitted as part of a veteran’s benefit claim or appeal to either the federal or state government.

Bills that were passed by one chamber, but failed to be debated and brought to a vote in the other chamber include:

- **SB 247, An Act Concerning A Cause Of Action For Loss Of Consortium By A Minor Child With Respect To The Death Of A Parent.** SB 247 seeks to codify an opinion of the Connecticut Supreme Court related to the establishment of a cause of action for loss of consortium by a minor child. SB 247 was passed by the Senate, but the House failed to take action on the bill prior to the end of session.

- **SB 69, An Act Exempting Veterinarians From The Electronic Prescription Drug Monitoring Program.** SB 69 was amended to include CHA-proposed language clarifying that “vapor product,” as defined in the 2015 vapor bill, does not include a medicinal product used by licensed healthcare providers to treat patients in a healthcare setting. SB 69 was passed by the Senate, but the House failed to take action on the bill prior to the end of session.

HB 5588 Caught In End-Of-Session Logjam

- **HB 5588, An Act Concerning The Timing Of Payments From Supplemental Inpatient Payment Pools For Short-Term General Hospitals.** a CHA-supported bill, fell victim to the end-of-session logjam of bills that didn’t get called before the session ended.

Despite an overwhelming show of support by legislators, the bill was not called for debate in the House. With a special session called to address unresolved budget issues, CHA will continue to advocate for the provisions of HB 5588.

Hospital Leaders Take Message to Washington D.C.

Connecticut hospital leaders joined CHA and colleagues from across the country at the American Hospital Association (AHA) Annual Meeting, held May 1-4 in Washington D.C., and for visits with Connecticut’s delegation.

The AHA annual meeting is an opportunity for hospital leaders to come together to share strategies, ideas, and experiences. It is also an important advocacy event, providing a valuable forum to present a unified message about the importance of hospitals and the need to ensure their financial stability.

CHA staff and hospital leaders met with staff from the majority of Connecticut’s congressional delegation, including Senator Chris Murphy (D-Conn), and Representatives John Larson (D-1), Joe Courtney (D-2), Elizabeth Esty (D-5), Jim Himes (D-4), and Rosa DeLauro (D-3).

Hospital leaders asked the congressional lawmakers to protect Medicare and Medicaid hospital funding by opposing reductions to payments for hospital outpatient care, assistance to low-income Medicare beneficiaries, and graduate medical education, and by opposing harmful restrictions on the 340B Drug Pricing Program.

The hospitals also asked the congressional delegation to support adequate reimbursement to mental health providers, ensure that federal parity laws apply to Medicaid services, provide relief from recovery audit contractors and unfair Medicare penalties, and to support the transformation of the healthcare delivery system by creating an anti-kickback safe harbor for clinical integration programs.

Attending the congressional meetings were Kurt Barwis, President and CEO, Bristol Hospital; Bruce Cummings, President/CEO, Lawrence + Memorial Hospital; Chris Lehrach, President, L+M Medical Group; Vincent Capece Jr., President/CEO, Middlesex Hospital; Chad Wable, President/CEO, Saint Mary’s Hospital; and Stephen Frayne, Senior Vice President, Health Policy, CHA.
Tanya Barrett, Senior Vice President, 2-1-1 Health and Human Services at United Way of Connecticut

Stuart Rosenberg, Johnson Memorial Hospital, Named Connecticut’s 2016 Grassroots Champion

The American Hospital Association’s (AHA’s) 2016 Grassroots Champion Award recipient is Stuart Rosenberg, President, Johnson Memorial Hospital. As a 2016 Grassroots Champion, Mr. Rosenberg is being recognized for his exceptional leadership in generating grassroots and community support for issues of importance to hospitals and healthcare.

“Connecticut hospitals have long had an effective advocate in Stu Rosenberg,” said Jennifer Jackson, CEO, Connecticut Hospital Association. “During a time of healthcare transformation as well as fiscal strain, Stu has kept the focus squarely on educating lawmakers about what it takes to continue providing excellent quality care to patients while preserving jobs and sustaining our communities’ healthcare safety net. He is always willing to bring his perspective to the table and testify before lawmakers on legislation impacting hospitals and healthcare. He is a tireless and influential advocate.”

Mr. Rosenberg, who has more than 26 years of experience in general administrative and human resource management, began his career with the Saint Francis Care system in 1987. He is currently President of Johnson Memorial Medical Center, which includes Johnson Memorial Hospital, Johnson Health Care, and Home and Community Health Services – all members of the Trinity Health-New England Regional Health Ministry.

Mr. Rosenberg is a member of the CHA Committees on Population Health and Government. He is a past member of the CHA Committee on Human Resources, Subcommittee on Employee Wellness, and Subcommittee on Advocacy Communication Strategy, and is Past Chairman of the CHA Human Resources Executive Meeting Group.

In addition to his leadership at Johnson Memorial Hospital, Mr. Rosenberg serves as Chairman of the Asnuntuck Community College Foundation Board, Co-Chairman of the Board of Trustees New England District 1199 Health, and Co-Chairperson of the Allied Health Regional Policy Board. He is a member of University Park Board of Directors, the Upper Albany Main Street Board of Directors, the Hartford Federal Credit Union Board of Directors, the Connecticut Education and Training Commission Board of Directors, and the North Central Connecticut Chamber of Commerce Board of Directors. He is Past President of the CT Health Care Human Resources Association.

The AHA Grassroots Champion Award, given annually to one person in each state, was created to recognize hospital leaders who effectively educate elected officials about how major issues affect hospitals’ roles in the community, who have expanded the base of community support for hospitals, and who have been advocates for hospitals and patients. Mr. Rosenberg will receive his award at the Connecticut Hospital Association’s 98th Annual Meeting on Tuesday, June 28, 2016.

Connecticut Hospitals Focus on Social Determinants of Health

On May 4, hospital representatives from across the state attended a full-day educational forum to discuss ways to connect patients with community-based resources to improve their health and reduce unnecessary healthcare utilization. The program, offered through the CHA Health Equity Collaborative, is part of Connecticut hospitals’ focus on eliminating healthcare disparities and achieving health equity.

Healthcare delivery system leaders and clinicians have long recognized the impact of social factors on health, and that addressing patients’ social needs can be extremely complex. But a growing and consistent body of evidence makes it clear that interventions exist to meet these challenges, improve health, and reduce costs of care.

During the program, Preparing for Accountable Health Communities – Addressing the Social Determinants of Health, Cindy Mead, of Boston-based Health Leads, presented methods that hospitals can use to assist patients and families who seek medical care in hospitals and healthcare systems while facing daunting challenges in their personal lives such as food insecurity, housing insecurity, and other economic challenges.

Jeannette Bogdan, Director of Ambulatory Care Coordination, Yale New Haven Health System, discussed building a hospital-based social determinants of health program. Mario Garcia, MD, MPH, Director of the Office of Public Health
Preparedness of the Connecticut Department of Public Health, noted that hospitals’ individual efforts to provide support and care for their patients can and should drive toward policy and system change in society that will improve conditions across the state.

Tanya Barrett, Senior Vice President, 2-1-1 Health and Human Services at United Way of Connecticut, presented the 2-1-1 capabilities for providing assistance to members of the public.

CHA continues to provide opportunities for members and community partners to work together cooperatively to address social determinants of health.

World Asthma Day Celebrated This Week

World Asthma Day, which was celebrated on Tuesday, May 3, raised awareness and support for those affected by asthma. The theme of this year’s observance was “You Can Control Your Asthma.”

Connecticut hospitals have already taken a significant step toward addressing the asthma epidemic through the Connecticut Asthma Initiative (CAI), which formally launched its implementation phase this year and is based on the vision that no one should die of asthma or have to limit his or her life unnecessarily due to the disease. Since its inception, a broad-based group of more than 200 people from 62 organizations across the continuum – including hospitals, community organizations, commercial payers, state government, and more – have created a model of collaboration that connects communities, healthcare providers, and public health organizations.

Additionally, a dedicated website, CTAsthma.org, was created to provide information – including an interactive resource map – for clinicians, patients, and families. Nearly 2,000 people have been delivered the information through extensive social media outreach in both English and Spanish.

World Asthma Day is supported by the Global Initiative for Asthma (GINA), which works with healthcare groups around the world to help raise awareness for asthma, and the World Asthma Foundation. It was established in 1998; the first event coincided with the first World Asthma Meeting (WAM) in Barcelona, Spain, with more than 35 countries participating.

According to the CDC, 24 million adults and children suffer from asthma in the United States, while the World Health Organization estimates that 235 million people around the globe have the disease.

Education Updates

Cyber Resilience Workshop
Tuesday, May 10, 2016
12:30 p.m. - 4:00 p.m.
View Brochure | Event Registration

In partnership with the Department of Homeland Security, CHA is pleased to offer the Cyber Resilience Workshop. The session is designed to introduce cyber security stakeholders and practitioners to cyber resilience concepts and to build capability and capacity across key performance areas related to cyber security, IT operations, and business continuity within critical services. The workshop is targeted to executive and operations managers within critical infrastructure (public and private) sectors, and will result in tangible, useful “take-away” information related to risk-based decision-making and security planning for critical IT services underpinning core operations.

This half-day session allows participants to practice—via scenarios, activities, and templates—process improvement, as well as to demonstrate capability-building over and above the mere production of improved IT security controls and countermeasures. Attendees will also gain an awareness of modern cyber security threats and current trends in the context of protecting and sustaining IT services related to core business functions and mission objectives. Participants will leave with greater awareness of decision criteria for cyber incidents, vulnerabilities, and business continuity applications.

Using High Reliability to Improve the Patients’ Experience
Friday, May 20, 2016
First Session: 9:00 a.m. - 12:15 p.m.
Event Registration
Second Session: 1:00 p.m. - 4:15 p.m.
Event Registration

This program focuses on highly reliable staff behaviors that enhance patient satisfaction and HCAHPS scores. Lynn Pierce of HPI, an alumna of Baptist Hospital in Pensacola, FL (home of the 2003 Malcolm Baldrige Quality Award), will be back as the instructor. Medicine, Nursing, and Quality continuing education credits are offered for these sessions.

CHA Nurse Preceptorship Program
Monday, May 23, 2016
8:30 a.m. - 3:45 p.m.
View Brochure | Event Registration

Supporting and strengthening the work of nurse preceptors is critical to the development of new nurses and retention of the highly skilled staff registered nurses who teach them at the bedside.

CHA’s Nurse Preceptorship Program has routinely received positive feedback, featuring a curriculum developed by a team of educators from hospitals and schools of nursing, and designed to provide core content that is foundational for the role of nurse preceptor. This one-day program includes presentations and interactive sessions that cover topics such as roles and responsibilities, characteristics of a professional role model, basics of teaching and learning, tools and strategies for effective communication, principles of constructive feedback delivery, and evaluating competence. The Nurse Preceptorship Program will serve to start new nurse preceptors off with critical information and also may be of interest to nurse preceptors that have not had this content, or would like to be refreshed on these
concepts.
Continuing education credits are offered for this session. See the brochure for details.

**HRO Cause Analysis - Two-Day Training**  
Wednesday, May 25, 2016  
Thursday, May 26, 2016  
8:30 a.m. - 4:30 p.m.  

Event Registration

The session will be held from 8:30 a.m. to 4:30 p.m. on Wednesday, May 25 and Thursday, May 26. Cause analysis teaches staff how to evaluate events, patterns of events, and causes of events, and then helps staff ascertain how to implement solutions. The sessions are for quality staff, safety staff, risk management staff, and other staff that respond to events. Medicine, Nursing, and Quality continuing education credits are offered for these sessions.

**HRO Train-the-Trainer**  
Thursday, June 2, 2016  
9:00 a.m. - 4:15 p.m.  

Event Registration

The model for sharing high reliability training with the rest of the staff is Train the Trainer. The training is scripted. It requires an enthusiastic participant who is willing to make time to train others within your organization. Other hospitals in Connecticut have trained educators, front-line managers, and senior leaders, including the CEO, as part of their training contingent. Train the Trainer sessions are for hospitals and ambulatory practices. Medicine, Nursing, Quality, and Radiology continuing education credits are offered for this session.

**HRO Rounding to Influence**  
Friday, June 3, 2016  
9:00 a.m. - 12:15 p.m.  

Event Registration

The program teaches leaders how to go out on the units to coach, mentor, and sustain high reliability habits and practices. Medicine, Nursing, and Quality continuing education credits are offered for this session.

**HRO Problem Solving with the Top 10**  
Friday, June 3, 2016  
1:00 p.m. - 4:15 p.m.  

Event Registration

When issues are identified in Safety Huddle, how do you solve them and maintain the other projects you are doing? Problem Solving with the Top 10 is a tool for prioritizing and implementing projects without losing sight of the core value of safety. Medicine, Nursing, and Quality continuing education credits are offered for this session.