



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Wednesday, February 22, 2023**

**SB 956, An Act Requiring Discharge Standards Regarding Follow-Up Appointments  
And Prescription Medications For Patients Being Discharged From A Hospital Or  
Nursing Home Facility**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 956, An Act Requiring Discharge Standards Regarding Follow-Up Appointments And Prescription Medications For Patients Being Discharged From A Hospital Or Nursing Home Facility**. CHA opposes the bill as drafted.

Connecticut hospitals continue to meet the challenges posed by the COVID-19 pandemic and are now facing new challenges of treating sicker patients than they saw before the pandemic, with a dedicated but smaller workforce who are exemplary but exhausted. They are also experiencing significant financial hardships brought on by record inflation. Through it all, hospitals have been steadfast, providing high-quality care for everyone who walks through their doors, regardless of ability to pay.

SB 956 seeks to revise existing law regarding discharge standards specific to instructions for follow-up appointments and prescription medications when a patient is discharged from a hospital or nursing home facility. Specifically, the bill requires that information provided to patients upon their discharge to home or to a nursing home include all information about future appointments and prescriptions the patient is supposed to take.

CHA appreciates the spirit of the bill but has concerns because the bill as drafted is at odds with the existing, well-crafted federal provisions and misses the complexities related to transitions of care delivery or a patient's right to make specific choices about their post-acute care.

CHA has two concerns about the bill, as drafted:

- At lines 33-37, hospitals would be required to include in the patient's written discharge plan "the date and location of each follow-up medical appointment scheduled prior to the patient's discharge and a list of all medications the patient is currently taking and will continue to take after the patient's discharge." With respect to the requirement

surrounding follow-up care our concern is that the hospital may not have or be able to provide this precise level of detail at the time of discharge or simply may not have made the appointment for follow-up care. With respect to the requirement surrounding a list of all medications the patient is currently taking and will continue to take, the hospital only knows for certain the medications the hospital itself has prescribed

- At lines 50-52, the bill mandates that hospitals “transmit in an oral, written or electronic manner to the patient's pharmacy each prescription ordered for the patient prior to discharge that the patient will need after discharge.” Hospitals may not have complete information for prescriptions ordered by other providers. There are also challenges relating to timing of prescriptions, preferences for which pharmacies to use, the impact prior authorization may have on what is prescribed and cost sharing considerations that will influence when they wish the medication to be prescribed – if at all.

SB 956, as drafted places liability on the hospitals for information that in many cases they will not have.

CHA believes discharge planning and information is covered comprehensively by federal law and SB 956 is not needed. If the Committee decides to move forward with this bill, CHA urges the Committee to amend the language to **plainly state that the hospital's obligation is only to the extent known to the hospital at time of discharge and only with respect to medications prescribed by the hospital.**

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