



**TESTIMONY
OF
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VICE PRESIDENT, PATIENT CARE AND REGULATORY SERVICES
CONNECTICUT HOSPITAL ASSOCIATION
PUBLIC HEALTH COMMITTEE
Tuesday, February 19, 2002**

**HB 5291, An Act Concerning Department Of Public Health Disciplinary Action
Regarding Hospitals**

**HB 5024, An Act Merging The Office Of Health Care Access Into The Department
of Public Health**

**SB 212, An Act Concerning Late Or Missing Data And The Office Of Health Care
Access**

**HB 5155, An Act Concerning Temporary Assistance During Periods Of Emergency
Or Disaster**

Good morning Senator Harp, Representative Eberle and members of the Public Health Committee. My name is Carrie Brady and I am Vice President of Patient Care and Regulatory Services at the Connecticut Hospital Association. I appreciate the opportunity to testify this morning on several bills before the Committee.

CHA opposes **HB 5291, An Act Concerning Department Of Public Health Disciplinary Action Regarding Hospitals**. HB 5291 would expand the enforcement powers of the Department of Public Health (DPH) to include the power to impose civil penalties on hospitals. CHA opposes this bill for several reasons.

First, this additional power is unnecessary. Hospitals are already subject to numerous regulatory enforcement provisions by several state and federal entities. DPH itself has extensive authority over hospitals and broad enforcement powers. If a hospital does not comply with state law, DPH may revoke or suspend its license, censure the hospital, issue a letter of reprimand, place the hospital on probationary status, restrict the hospital's acquisition of any other facilities, and issue an order compelling compliance. These powers are more than sufficient. CHA is not aware of any justification for the implication that current enforcement powers are insufficient to ensure hospital compliance.

Second, the bill presents the inherent risk that civil penalties would be applied inconsistently. Although the bill requires DPH to adopt regulations regarding civil penalties, the bill itself does not contain any standards for the imposition of the penalties. Even after standards are adopted, the inevitable variability in interpretation by DPH surveyors is likely to result in inequitable penalties.

Finally, the title and statement of purpose of the bill must be changed to reflect the broad expansion of authority that the bill authorizes. Although the title and statement of purpose refer to additional disciplinary action against hospitals, the language of the bill grants DPH the power to impose civil penalties on any entity or individual licensed by DPH.

CHA appreciates the opportunity to submit testimony on **HB 5024, An Act Merging The Office Of Health Care Access Into The Department Of Public Health**. HB 5024 would create a Division of Hospital and Health Care Planning in the Department of Public Health that would assume all of the Office of Health Care Access' current responsibilities.

The Office of Health Care Access has many important functions that must be preserved in the new Division. Assuming the Division has the appropriate staff and resources to carry out its critical activities, CHA defers to the Governor as to the best method of structuring his administration.

CHA believes it is imperative, however, that a Commissioner personally oversee the certificate of need process. The services offered by healthcare facilities in Connecticut are currently controlled by the Office of Health Care Access. It is important that a Commissioner have direct responsibility for ensuring that the certificate of need process is used for appropriate planning because of the dramatic effects that such planning has on the Connecticut healthcare system. We also note that a technical correction to the proposed language of the bill is needed. Section 4 of the proposed bill amends section 19a-2b of the general statutes, which instead should be repealed. This section allows the Commissioner of Public Health to appear as an intervenor in any certificate of need (CON) proceeding. Since the bill requires the Commissioner to exercise direct responsibility over the CON process, this section is no longer necessary

CHA opposes **SB 212, An Act Concerning Late Or Missing Data And The Office Of Health Care Access**. SB 212 would allow the Office of Health Care Access (OHCA) to refuse to accept a certificate of need application or letter of intent from any facility that has failed to submit data to OHCA or has submitted incomplete data. OHCA collects a wide range of data from hospitals on a regular basis that is unrelated to the CON process. This bill would effectively permit OHCA to use the CON process as a punitive tool for unrelated filing deficiencies. The CON process is already time consuming and it does not make sense for OHCA to prevent providers from starting the process simply because one of the routine data submissions required by the applicant is late or incomplete. Under existing law, if OHCA does not have all the information that is relevant to a certificate of need application, OHCA is not required to issue a decision until it receives a completed

application. Therefore, the bill is not necessary to improve the CON process. Furthermore, OHCA already has the authority to fine providers who fail to submit data and this power is sufficient to ensure that OHCA receives data.

The Connecticut Hospital Association supports the enactment of HB 5155, An Act Concerning Temporary Assistance During Periods Of Emergency Or Disaster. This bill recognizes the importance of emergency preparedness by providing for unimpeded emergency assistance, when necessary, from healthcare and other professionals from other states.

As a technical matter, CHA points out that the reference in the bill to chapter 334b should be replaced with 368d, because the provisions regarding Emergency Medical Services are now codified in chapter 368d, not 334b.

Thank you for your consideration of our position.

CCB:pas