

PA 11-002

HB6545

House	987-991	5
Public Health	1421-1424, 1519-1535	21
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H – 1094

**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2011**

**VOL.54
PART 3
705 – 1039**

rgd/mb/gbr
HOUSE OF REPRESENTATIVES

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immediate transmittal of the emergency certified bill to
the Governor. Is there objection? Is there objection?

Hearing none, so ordered.

Will the Clerk kindly call Calendar 185.

THE CLERK:

On page 18, Calendar 185, House Bill Number 6545, AN
ACT CONCERNING THE PROVISION OF PROPHYLACTIC AND EMERGENCY
CARE TO HOSPITAL PATIENTS, favorable report of the
Committee on Public Health.

DEPUTY SPEAKER GODFREY:

The distinguished Chairwoman of the Public Health
Committee Representative Betsy Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, I move for acceptance of the joint
committee's favorable report and passage of the bill.

DEPUTY SPEAKER GODFREY:

The question is on acceptance and passage. Will you
explain that please, madam.

REP. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, this bill came to us at the request of
the American Academy of Pediatrics following a
clarification of rules from CMS, the Centers for Medicare

and Medicaid Studies.

This bill allows hospitals to use standing orders to treat patients after assessment for contraindications in two cases. First, care may be provided to a patient if the care is emergent, timely and necessary or advances care as provided under CMS regulations.

Second, care may be provided for healthy newborns born at or admitted to the hospital if the care is prophylactic and allowed under the CMS regulations. Current law allows hospitals to use standing orders to administer flu and pneumonia vaccines following an assessment for contraindications.

Mr. Speaker, this bill represents a move towards a more evidence-based practice of medicine that can enhance and optimize patient care and health outcomes.

I move adoption.

DEPUTY SPEAKER GODFREY:

Thank you, madam.

The distinguished ranking member, Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, thank you very much.

I rise today in support of the bill before us. The end result of this bill quite simply is that we will

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expedite care when care is needed. Standing orders are generally accepted throughout the medical community. This will simply extend standing orders beyond the current scope.

It's very, very important that we do this. The end result is that patients will be better off and I would urge all colleagues to support the bill before us.

Thank you, sir.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

Will you remark further on the bill? Will you remark further on the bill?

The gentleman from the 31st, Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker.

I too rise in support of this bill. I feel it is extremely important that timely care be administered to our patients. And yes, a physician is always available in a hospital, but not necessarily at the location where the emergency can or does occur.

So following protocols, following standing orders is extremely important. And obviously this has already been -- got the prior approval. So under these

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circumstances it is the timely care that is administered to our patients and I stand in favor of this bill.

Thank you, Mr. Speaker.

DEPUTY, SPEAKER GODFREY:

Thank you, sir.

Remark further on the bill? Will you remark further on the bill? If not, staff and guests please come to the well of the House. Members take their seats. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call.

Members to the Chamber. The House is voting by roll call.

Members to the Chamber.

DEPUTY SPEAKER GODFREY:

Have all the members voted? Have all the members voted? If so, the machine will be locked. The Clerk will take a tally. And the Clerk will announce the tally.

THE CLERK:

House Bill Number 64 -- I'm sorry, 6545.

Total Number voting 142

Necessary for adoption 72

Those voting Yea 142

Those voting Nay 0

Those absent and not voting 8

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DEPUTY SPEAKER GODFREY:

The bill is passed.

The Clerk please call Calendar 134.

THE CLERK:

On page number 12, Calendar 134, House Bill
Number 6444, AN ACT CLARIFYING THE DEFINITION OF
"EMERGENCY" AND "MAJOR DISASTER," favorable report of the
Committee on Public Safety and Security.

DEPUTY SPEAKER GODFREY:

The gentleman from West Haven, Representative
Dargan.

REP. DARGAN (115th):

Thank you, Mr. Speaker.

I move acceptance of the joint committee's favorable
report and passage of the bill.

DEPUTY SPEAKER GODFREY:

The question is on acceptance and message. Will you
explain the bill please, sir.

REP. DARGAN (115th):

Thank you, Mr. Speaker.

This bill just update and clarifies which emergencies
and disasters can be included underneath the appropriate
terms of the bill. It basically lets the governor of our
state expand what's underneath our federal definition of

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 5
1418 – 1735**

2011

CONCERNING THE PROVISION OF PROPHYLACTIC AND
EMERGENCY CARE TO HOSPITAL PATIENTS.

Our next speaker will be Jim Iacobellis.

JAMES IACOBELLIS: Good afternoon, Representative Ritter, and distinguished members of the Public Health Committee. My name is Jim Iacobellis. I'm vice president of government relations for the Connecticut Hospital Association. It's my pleasure here to testify in strong support of Bill 6545. It has a long title which is, AN ACT CONCERNING THE PROVISION OF PROPHYLACTIC AND EMERGENCY CARE TO HOSPITAL PATIENTS. What this bill does is it authorizes the use of standing orders in hospitals.

Let me take a step back here. I won't read my testimony because it's Friday afternoon, and you have several people left and I'm sure you want to get to them.

But in -- but in the last decade, the medical community, as well as CMS, through more accurately it's regulatory arm, the Agency for Health Care Research and Quality, along with Legislators and advocates have promoted the use of best practices. The medical community should use best practices in places and in times that they can.

And what we've learned over the last decade is that well-tested best practices coupled with timely care save lives, improve quality and improve patient safety. So hospitals have been working with CMS. CMS governs all of the care that is provided to Medicare patients. And it usually is, sort of, the gold standard and it is translated down through the rest of the care.

And CMS has been saying, you should be using, to the best you can, best practices. And you developed what are known as, orders set, which are just modified -- and it gets really complicated -- but they're versions of

checklists. That when someone comes into a hospital that has -- we'll say, is presenting with a heart attack, that they know there are certain treatments that work, and you should start those as soon as you can. And the doctor come -- I come in with a heart attack, and the doctor says, give Jim Iacobellis the -- the treatment for a heart attack victim. And they go through blood pressure, EKG, start me on the treatment as soon as you can.

CMS has been -- has been expanding these items and saying that there are some care that should be done as soon as you can. Connecticut hospitals worked a number of years ago to put into Connecticut statutes that newborns should be given vitamin K and eyedrops as soon as you can.

So what CMS -- and, specifically, on this issue came down in October and said there should be a standing order, that as soon as possible, as soon as the baby -- the healthy baby hits the nursery, that he or she is given the eye drops, as well as given the vitamin K shot.

This would be an order that would be started by a professional within the scope of their practice at a time that is sort of urgent, if you will. Because we know that time matters, and the better care is when you get the treatment as soon as you can.

This would allow, under certain circumstances, when CMS has said these are the times in which you can use a standing order, meaning a qualified health care professional can start this treatment. The doctor comes in as soon as possible, signs off, and the care is given.

You could -- I'll wrap up, but you'll probably ask why are we doing this in statute? Other states don't do this in statute. They work through this with our Department of Public Health. Well, in Connecticut, a number of

years ago, we passed a statute which said that there -- there -- we will allow standing orders for hospitals to give pneumonia and flu shots for patients that are there.

So we sort of carved out the pneumonia and flu shot issue, so it leaves open to the question, do we allow it in other areas? This bill says when CMS authorizes to have a standing order, that hospitals can use them.

I -- with respect to Representative Nardello, I don't want to speak for another organization -- but I know that the Connecticut Chapter of Emergency Room Physicians is also in support of this, they just couldn't be here today. And they will be more than happy to provide the committee with that information.

I can answer any questions.

REP. RITTER: Thank you for your clarification on both the bill and the extent of your testimony.

Are there questions from the committee? I think -- when I -- I appreciate, particularly, the length you went to clarify that for us and to give us that little history lesson.

Sometimes, you know, our brilliance of the past becomes a liability for the future. And so I do appreciate that because that was exactly my question. You know, next year you'll be here with 17 of these and 200 the following year.

JAMES IACOBELLIS: Which is -- which is why there are two sections to the bill. One specifically relates to newborns, and the second section says when CMS says tomorrow -- let's say the Legislature adjourns today -- it says, tomorrow that we should use these in other areas that we don't have to keep coming back to do this.

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10:00 A.M.

And -- and this is based on CMS's quality research on which, every single year, changes the conditions of participation based on practices and advancements in medical care.

REP. RITTER: Thank you very much.

Are there any other comments or questions?

Thank you, Jim.

JAMES IACOBELLIS: Thank you.

REP. RITTER: That brings us to item number 8, House Bill 6546, AN ACT CONCERNING REVISIONS TO HOME HEALTH CARE STATUTES.

Our first Speaker will be Kim Shehan. She will be followed by Caroline Reid.

Kim Skehan, excuse me.

KIMBERLY SKEHAN: Good afternoon, Representative Ritter, and members of the Public Health Committee. My name is Kimberly Skehan. And I am the director of home care and hospice services for Home Care Management Strategies. I'm also the facilitator of the home health services legislative workgroup, and policy committee chair for the Connecticut Association for Home Care and Hospice.

I'm testifying today in support of House Bill 6546, AN ACT CONCERNING REVISIONS TO HOME HEALTH CARE STATUTES. I would like to thank Representative Ritter for her support of the efforts of our legislative workgroup, whose members worked together to develop the proposals presented in this bill.

Connecticut's home care programs provide high-quality care for a fraction of the cost needed to care for the people in institutional settings, yet we continue to struggle with outdated definitions and confusing regulations that make it difficult to maximize the efficiencies of home care system in



**TESTIMONY OF
GRIFFIN HOSPITAL
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 11, 2011**

HB 6545, An Act Concerning The Provision Of Prophylactic And Emergency Care To Hospital Patients

I am Dr. Gregory Boris, Chairman of Emergency Medicine at Griffin Hospital and submitting testimony on HB 6545, An Act Concerning the Provision of Prophylactic and Emergency Care to Hospital Patients. Griffin Hospital appreciates the opportunity to submit testimony in support of this bill.

Griffin Hospital is a full service acute care community hospital serving a primary service area that includes Ansonia, Beacon Falls, Derby, Oxford, Seymour and Shelton with a combined population of 105,000. Griffin employs 1,357 with 282 active and courtesy members of its medical staff. In the 2010 fiscal year Griffin served 7,719 inpatients and close to 40,000 Emergency Department patients.

Protocols and policies also known as "standing orders" delegate to nurses certain actions usually preserved to physicians. In the Emergency Department standing orders, after mandated training and certification, are a routine part of every nurse's practice. The purpose is to not only hasten patient care but also to offer in some cases immediate symptomatic relief, and ultimately speed up patient disposition.

CMS has recently clarified its endorsement of the use of standing orders in a communication to the American Academy of Pediatrics (AAP). The communication was in response to an AAP request that CMS clarify the rule on standing orders because many in the provider community, and many state oversight agencies, were under the mistaken impression that standing orders were not permitted.

HB 6545 would allow hospitals to utilize protocols and policies, sometimes known as "standing orders", after an assessment for contraindications. Such orders would need to be in accordance with a physician-approved hospital policy; used for care that is emergent, timely and necessary or to advance patient care, and; only as permitted by 42 CFR Part 482, the CMS Medicare Conditions of Participation for hospitals.

One of the primary concerns of the Emergency Department care team as well as patients and their family members is responding to the presenting patient promptly. Standing orders developed in accordance with a physician approved hospital policy will expedite care and benefit the patient without resulting in unnecessary care or putting the patient at risk. The value of standing orders was recently documented in the Annals of Emergency Medicine, Volume 57, No. 2, Feb. 2011, pgs 89-99, The Effect of Triage Diagnostic Standing Orders on Emergency Department Treatment Time. This study which looked at over 15,000 patients concluded that "diagnostic testing at Triage was associated with a substantial reduction in Emergency Department treatment time".

HB 6545 will remove any confusion for providers, and for DPH, as to whether Connecticut supports standing orders, and in so doing, move us forward to achieving better care outcomes.

Griffin Hospital strongly urges the members of the Public Health Committee to approve HB 6545.

Respectfully yours,

Gregory L. Boris, D.O., FACEP
Chairman, Dept. of Emergency Medicine



MILFORD HOSPITAL

TESTIMONY OF
Milford Hospital
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 11, 2011

**HB 6545, An Act Concerning The Provision Of Prophylactic And
Emergency Care To Hospital Patients**

Milford Hospital appreciates the opportunity to submit testimony concerning **HB 6545, An Act Concerning The Provision Of Prophylactic And Emergency Care To Hospital Patients**. Milford Hospital supports this bill.

Milford Hospital is a 106 bed, full service acute care community hospital serving the residents of Greater New Haven and Fairfield Counties. Milford Hospital employs over 800 staff members and has over 250 active and courtesy physicians with admitting privileges. During 2010, Milford Hospital served 4,600 in-patients and an additional 69,314 patients through Emergency Department and Outpatient Private Referrals.

It is the position of Milford Hospital that HB 6545 will enhance our ability to facilitate a continuum of care for the patients we serve in the following manners:

- **HB 6545 would allow Milford Hospital to utilize protocols and policies, sometimes known as "standing orders" after an assessment for contraindications. Such orders would need to be in accordance with a physician-approved hospital policy; used for care that is emergent, timely and necessary or to advance patient care, and; only as permitted by 42 CFR Part 482, the CMS Medicare Conditions of Participation for hospitals.**
- CMS has recently clarified its endorsement of the use of standing orders in a communication to the American Academy of Pediatrics (AAP). The communication was in response to an AAP request that CMS clarify the rule on standing orders because many in the

provider community, and many state oversight agencies, were under the mistaken impression that standing orders were not permitted.

HB 6545 will remove any confusion for providers, and for DPH, as to whether Connecticut supports standing orders, and in so doing, move us forward to achieving better care outcomes.

Milford Hospital asks you to support HB 6545. Thank you for your consideration.

St. Vincent's
Medical Center



**TESTIMONY OF
ST. VINCENT'S MEDICAL CENTER
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 11, 2011**

Dear Members of the Public Health Committee:

My name is Ron Bianchi, Corporate Senior Vice President of St. Vincent's Medical Center in Bridgeport.

St. Vincent's is Connecticut's 5th largest hospital and provides employment to nearly 3,000 employees.

St. Vincent's deeply appreciates the opportunity to submit testimony in support of HB 6545, an Act Concerning the Provision of Prophylactic and Emergency Care to Hospital Patients.

This bill will allow hospitals to utilize protocol known as "standing orders" after an assessment for contraindications. These orders would be consistent with physician approved hospital policy; used for care that is emergent, timely or necessary or to advance patient care consistent with CMS Medicare Conditions of Participation for hospitals.

CMS recently clarified its endorsement of standing orders, thereby overriding the mistaken impression held by many in the provider community who believed otherwise.

This bill will remove any confusion held by providers and DPH and this will move us to achieving better outcomes.

Thank you for your consideration of my comments on this subject.

Sincerely,


Ronald J. Bianchi
Corporate Senior Vice President

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TESTIMONY OF

*Hartford Hospital
Hartford HealthCare*

**SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 11, 2011**

**HB 6545, An Act Concerning The Provision Of Prophylactic And
Emergency Care To Hospital Patients**

Hartford Hospital appreciates the opportunity to submit testimony concerning **HB 6545, An Act Concerning The Provision Of Prophylactic And Emergency Care To Hospital Patients**. *Hartford Hospital* supports this bill.

Hartford Hospital is the major teaching hospital with over 860 beds, affiliated with the University of Connecticut Medical School, serving the New England region. We maintain the only Level 1 Trauma Center in the region, and operate the state's only air ambulance system, LIFE STAR and have been an innovator in medicine since its inception. We have been a force for good in the community since our founding 150 years ago. Hartford Hospital has provided over \$250,000 in community benefit to the people in our area. Our physicians, board members and staff volunteers contribute countless hours to community service. We are a major economic force in the region employing approximately 7000 people - more than a quarter of them Hartford residents.

HB 6545 would allow hospitals to utilize protocols and policies, sometimes known as "standing orders" after an assessment for contraindications. Such orders would need to be in accordance with a physician-approved hospital policy; used for care that is emergent, timely and necessary or to advance patient care, and; only as permitted by 42 CFR Part 482, the CMS Medicare Conditions of Participation for hospitals.

CMS has recently clarified its endorsement of the use of standing orders in a communication to the American Academy of Pediatrics (AAP). The communication was in response to an AAP request that CMS clarify the rule on standing orders because many in the provider community, and many state oversight agencies, were under the mistaken impression that standing orders were not permitted. Hence, HB 6545 will remove any confusion for providers, and for the State Department of Public Health, as to whether Connecticut supports standing orders, and in so doing, move us forward to achieving better care outcomes.

We urge your support of HB 6545.



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<http://www.bristolhospital.org>

**TESTIMONY OF
Leonard Banco, MD, Chief Medical Officer
Bristol Hospital
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 11, 2011**

**HB 6545, An Act Concerning The Provision Of Prophylactic And
Emergency Care To Hospital Patients**

Bristol Hospital appreciates the opportunity to submit testimony concerning HB 6545, An Act Concerning The Provision Of Prophylactic And Emergency Care To Hospital Patients . Bristol Hospital supports this bill.

Everyone who has spent more than a few minutes in a hospital in 2011 realizes that there are many things going on all at once, with multiple competing demands on the time of physicians, nurses and other healthcare professionals. It is critical that we make optimal use of the resources at hand in a planful, safe way. The appropriate use of protocols and policies (standing orders) after assessment for contraindications can provide more timely, higher quality care. Any such policies and protocols would need to be reviewed and approved within our hospital, and monitored to assure appropriate use. They would also need to be compliant with section 42 CFR Part 482, the CMS Medicare Conditions of Participation for hospitals. These standing orders would only be used for care that is emergent, timely and necessary or to advance patient care.

CMS has recently clarified its endorsement of the use of standing orders in a communication to the American Academy of Pediatrics (AAP). The communication was in response to an AAP request that CMS clarify the rule on standing orders because many in the provider community, and many state oversight agencies, were under the mistaken impression that standing orders were not permitted. The AAP was particularly concerned about delivering appropriate, routine care to normal newborn infants in the delivery room or nursery.

HB 6545 will remove any confusion for providers, and for DPH, as to whether Connecticut permits standing orders, and in so doing, move us forward to achieving better care outcomes.

It is our strong belief that when used appropriately, standing orders can improve the quality and timeliness of care. We urge you to give favorable consideration to this bill.



ROBERT SIDMAN, MD
CHIEF OF EMERGENCY SERVICES
THE WILLIAM W. BACKUS HOSPITAL

TESTIMONY OF
ROBERT SIDMAN, MD
Chief of Emergency Services
THE WILLIAM W. BACKUS HOSPITAL
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 11, 2011

**HB 6545, An Act Concerning the Provision of Prophylactic
And Emergency Care To Hospital Patients**

The William W. Backus Hospital in Norwich, Connecticut, appreciates the opportunity to submit testimony concerning **HB 6545, An Act Concerning the Provision of Prophylactic And Emergency Care To Hospital Patients**. Backus Hospital supports this bill.

Backus Hospital operates a full-service Emergency Department on its main hospital campus, and is currently creating a 24-hour-a-day satellite emergency center in the town of Plainfield. During the 2010 Fiscal Year (ended September 30, 2010), Backus Hospital had 65,561 visits to the Emergency Department. Backus operates the only Trauma Center east of the Connecticut River. One of the state's LIFE STAR helicopters is stationed at Backus Hospital, under a highly successful 11-year relationship with Hartford Hospital. Backus provides the hangar — a full-scale support facility — for the aircraft. Approximately 40 percent of all LIFE STAR flights in Connecticut originate from Backus.

HB 6545 would allow hospitals to utilize protocols and policies, often called “standing orders,” after an assessment for contraindications. Such orders would need to be in accordance with a physician-approved hospital policy; used for care that is emergent, timely and necessary or to advance patient care, and; only as permitted by 42 CFR Part 482, the CMS Medicare Conditions of Participation for hospitals.

The Center for Medicare and Medicaid Services (CMS) has clarified its endorsement of the use of standing orders in a communication to the American Academy of Pediatrics (AAP). The communication was in response to an AAP request that CMS clarify the rule on standing orders because many in the provider community, and many state oversight agencies, were under the mistaken impression that standing orders were not permitted.

HB 6545 will remove any confusion for providers, and for the Department of Public Health, as to whether Connecticut supports standing orders. In so doing, this would move us forward to achieving better care outcomes.

Respectfully submitted,



Robert Sidman, MD
Chief of Emergency Services

**TESTIMONY OF
YALE NEW HAVEN HEALTH SYSTEM
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 11, 2011**

**HB 6545, An Act Concerning The Provision Of Prophylactic And Emergency Care
To Hospital Patients**

Yale New Haven Health System (YNHHS) appreciates the opportunity to submit testimony in support of HB 6545, An Act Concerning The Provision Of Prophylactic And Emergency Care To Hospital Patients.

Yale New Haven Health System, comprised of Bridgeport, Greenwich and Yale-New Haven Hospitals, is Connecticut's leading healthcare system, with nearly 14,000 employees. YNHHS provides comprehensive, cost-effective, advanced patient care characterized by safety, quality and service. As a system, we offer patients a range of healthcare services, from primary care to the most complex care available anywhere in the world. Our inpatient and ambulatory clinical services include: primary and preventive care, specialty, acute and sub-acute care, and coordination of post-hospital care, including rehabilitative, long-term and home care.

HB 6545 would allow hospitals to utilize protocols and policies, sometimes known as "standing orders" after an assessment for contraindications, a condition or factor that serves as a reason to withhold a certain medical treatment. Such orders would need to be in accordance with a physician-approved hospital policy; used for care that is emergent, timely and necessary or to advance patient care, and; only as permitted by 42 CFR Part 482, the CMS Medicare Conditions of Participation for hospitals.

Some medical treatments may cause unwanted or dangerous reactions in patients with allergies, high blood pressure, or even pregnancy. While treating a patient, it is important for a physician, based on approved hospital policy to make decisions that will not adversely affect a patient's health. HB 6545 would accomplish this and help our physicians act in the best interest of our patients.

CMS has recently clarified its endorsement of the use of standing orders in a communication to the American Academy of Pediatrics (AAP). The communication was in response to an AAP request that CMS clarify the rule on standing orders because many in the provider community, and many state oversight agencies, were under the mistaken impression that standing orders were not permitted.

Standing orders are important because in an Emergency Department, they allow non-physician clinical staff to initiate established, standard of care interventions that should not wait for the physical presence of a physician. An example would be that a nurse, under a pre-approved standing order, can start an EKG on a patient arriving with chest pain immediately upon his/her arrival to determine if he/she is having a heart attack.

Every second counts in this situation, and the ability for a nurse to work under a standing order of a physician saves lives. There are other clinical examples where standing orders are key to maximizing patient safety and positive outcomes.

HB 6545 will remove any confusion for providers, and for DPH, as to whether Connecticut supports standing orders, and in so doing, move us forward to achieving better care outcomes.

Thank you for your consideration of this very important matter.

Testimony of Stamford Hospital
Submitted To the Public Health Committee
Friday, March 11, 2011

**HB 6545, An Act Concerning The Provision of Prophylactic
And Emergency Care to Hospital Patients**

Stamford Hospital appreciates the opportunity to submit testimony concerning HB6545, An Act Concerning The Provision of Prophylactic And Emergency Care to Hospital Patients. HB 6545 would allow hospitals to utilize protocols and policies, sometimes known as “standing orders” after an initial patient assessment. After careful consideration of this important issue, Stamford Hospital supports approval and enactment of HB 6545.

Such Prophylactic and Emergency Care would be utilized for care that is emergent, timely and necessary or to advance patient care, and only as permitted by 42 CFR Part 482, the CMS Medicare Conditions of Participation for hospitals. Such orders would need to be in accordance with a physician-approved hospital policy and would remove any confusion for providers, and for the Department of Public Health, as to whether Connecticut supports standing orders, and doing so would move the state forward toward achieving better patient care outcomes.

In summary, CMS has recently clarified its endorsement of the use of standing orders in a communication to the American Academy of Pediatrics (AAP). The communication was in response to an AAP request that CMS clarify the rule on standing orders since many in the provider community were under the mistaken impression that standing orders were not permitted.

Thank you.



**TESTIMONY OF
Day Kimball Hospital
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 11, 2011**

**HB 6545, An Act Concerning The Provision Of Prophylactic And
Emergency Care To Hospital Patients**

Day Kimball Hospital appreciates the opportunity to submit testimony concerning HB 6545, An Act Concerning The Provision Of Prophylactic And Emergency Care To Hospital Patients. Day Kimball Hospital supports this bill.

Day Kimball Hospital is a 104 bed acute care community hospital in Northeast Connecticut and is an integral part of our healthcare network. For the 90,000 members of our communities, we offer high-quality, comprehensive medical services delivered by skilled medical professionals close to home.

In coordination with our affiliated healthcare centers in Danielson, Dayville and Plainfield, Day Kimball offers acute and general medical/surgical care, a 24-hour emergency department, obstetrics, gynecology, pediatrics, hematology and oncology, cardiopulmonary and mental health programs and much more.

TESTIMONY TALKING POINTS

- HB 6545 would allow hospitals to utilize protocols and policies, sometimes known as “standing orders” after an assessment for contraindications. Such orders would need to be in accordance with a physician-approved hospital policy; used for care that is emergent, timely and necessary or to advance patient care, and; only as permitted by 42 CFR Part 482, the CMS Medicare Conditions of Participation for hospitals.
- CMS has recently clarified its endorsement of the use of standing orders in a communication to the American Academy of Pediatrics (AAP). The communication was in response to an AAP request that CMS clarify the rule on standing orders because many in the provider community, and many state oversight agencies, were under the mistaken impression that standing orders were not permitted.
- HB 6545 will remove any confusion for providers, and for DPH, as to whether Connecticut supports standing orders, and in so doing, move us forward to achieving better care outcomes.



**Testimony Of M.C. Culbertson, MD, Emergency Medicine Division Chief at
Connecticut Children's Medical Center To The Public Health Committee Regarding
HB 6545, An Act Concerning The Provision Of Prophylactic And Emergency Care
To Hospital Patients**

Friday, March 11, 2011

Senator Gerratana, Representative Ritter, members of the Public Health Committee, thank you for the opportunity to share my thoughts regarding HB 6545, An Act Concerning The Provision Of Prophylactic And Emergency Care To Hospital Patients. Connecticut Children's Medical Center supports this bill.

All children should have the health care they need to grow and learn. Connecticut Children's offers the full spectrum of pediatric care to children from each of Connecticut's 169 cities and towns. In 2010, Connecticut Children's:

- Experienced 288,000 patient visits including 33,000 pediatric primary care visits in partnership with Charter Oak Health Center,
- Cared for over 53,000 children in our emergency department—146 children every day, 24 hours a day, 7 days per week, 365 days per year, and
- Conducted over 9,900 surgeries ranging from neurosurgery to ear tubes.

Connecticut Children's is a vital resource for children and families across the state. Every day, our medical professionals provide hope to children and families and then use their talents and expertise to turn that hope into reality. We are the region's only academic medical center dedicated exclusively to the care of children, and we serve as the Pediatric Department for the University of Connecticut School of Medicine. We have trained over 170 new pediatricians in the past 12 years and 72 of these are currently practicing in Connecticut. We develop pioneering treatment programs for asthma, diabetes, cancer, pain management and other major concerns of childhood.

HB 6545 would allow hospitals to utilize protocols and policies, sometimes known as "standing orders" after an assessment for contraindications. Such orders would need to be in accordance with a physician-approved hospital policy; used for care that is emergent, timely and necessary or to advance patient care, and; only as permitted by 42 CFR Part 482, the Centers for Medicare and Medicaid Services (CMS) Medicare Conditions of Participation for hospitals.

CMS has recently clarified its endorsement of the use of standing orders in a communication to the American Academy of Pediatrics (AAP). The communication was

in response to an AAP request that CMS clarify the rule on standing orders because many in the provider community, and many state oversight agencies, were under the mistaken impression that standing orders were not permitted.

HB 6545 will remove any confusion for providers, and for DPH, as to whether Connecticut supports standing orders, and in so doing, move us forward to achieving better care outcomes.

Thank you for your time and consideration.



**TESTIMONY OF
Saint Francis Hospital and Medical Center
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 11, 2011**

**HB 6545, An Act Concerning The Provision Of Prophylactic And
Emergency Care To Hospital Patients**

Saint Francis Hospital and Medical Center appreciates the opportunity to submit testimony concerning HB 6545, An Act Concerning The Provision Of Prophylactic And Emergency Care To Hospital Patients. Saint Francis supports this bill.

Saint Francis is a 617 bed general acute care hospital located in Hartford, Connecticut. Saint Francis is a tertiary teaching hospital affiliated with the University of Connecticut School of Medicine. It is the largest Catholic hospital in New England and the third largest hospital in Connecticut. In FY2010 Saint Francis provided care to over 32,000 inpatients, 200,000 outpatients and treated over 69,000 people in its emergency department. Saint Francis provided the Greater Hartford community with over 83 million dollars of unreimbursed healthcare services in FY2010 (including bad debt). Over 64 million dollars of the 83 million dollar total was for services identified as community benefits.

- HB 6545 would allow hospitals to utilize protocols and policies, sometimes known as "standing orders" after an assessment for contraindications. Such orders would need to be in accordance with a physician-approved hospital policy; used for care that is emergent, timely and necessary or to advance patient care, and; only as permitted by 42 CFR Part 482, the CMS Medicare Conditions of Participation for hospitals.
- CMS has recently clarified its endorsement of the use of standing orders in a communication to the American Academy of Pediatrics (AAP). The communication was in response to an AAP request that CMS clarify the rule on standing orders because many in the provider community, and many state oversight agencies, were under the mistaken impression that standing orders were not permitted.
- HB 6545 will remove any confusion for providers, and for DPH, as to whether Connecticut supports standing orders, and in so doing, move us forward to achieving better care outcomes.



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 11, 2011**

**HB 6545, An Act Concerning The Provision Of
Prophylactic And Emergency Care To Hospital Patients**

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning **HB 6545, An Act Concerning The Provision Of Prophylactic And Emergency Care To Hospital Patients**. CHA strongly supports the bill.

One important – arguably, the most important – positive lesson of the last decade of quality improvement advancements and medical research is that reliance on well-tested best practices, coupled with timely care, saves lives, improves outcomes, and increases patient safety. For example, we have learned the critical importance of immediate cardiac intervention, where even a few minutes makes a difference to survival; we have observed the remarkable differences in patient outcomes when infection control checklists are used with respect to surgeries; and we have realized significant health advantages for maintaining healthy newborns by providing a standardized regimen of vitamins and prophylactics.

HB 6545 seeks to encourage these types of quality improvements by eliminating a possible barrier in Connecticut that, if not removed, would place us far behind generally accepted medical principles. The bill would allow hospitals to utilize protocols and policies, sometimes known as “standing orders,” after an assessment for contraindications. Such orders would need to be in accordance with a physician-approved hospital policy; used for care that is emergent, timely and necessary or to advance patient care; and, only as permitted by 42 CFR Part 482, the CMS Medicare Conditions of Participation for hospitals.

CMS has recently clarified its endorsement of the use of standing orders in a communication to the American Academy of Pediatrics (AAP). The communication was in response to an AAP request that CMS clarify the rule on standing orders, because many in the provider community, and many state oversight agencies, were under the mistaken impression that standing orders were not permitted.

In its October 2010 letter to AAP, CMS Chief Medical Officer and Director of the Office of Clinical Standards and Quality, Dr. Barry Straube, explained CMS's support for standing orders as follows:

"...The nationally recognized guidelines and recommendations for [administration of newborn orders] are a prime example of the type of evidence-based medicine that CMS hopes all hospitals are using to develop written protocols, treatment regimens, and orders (including standing orders) to enhance and optimize patient care."

"Or the hospital may have a policy, approved by the medical staff, which allows for the initiation of an order set for a specific type of patient...provided that the order set is reviewed and authenticated by the responsible practitioner as soon as possible after its initiation."

HB 6545 will remove any confusion for providers, and for DPH, as to whether Connecticut supports standing orders, and in so doing, move us forward to achieving better care outcomes.

The Connecticut College of Emergency Physicians, whose members staff the emergency departments of Connecticut's hospitals and know well the value of standing orders to effective patient care, also supports this legislation.

For additional information, contact CHA Government Relations at (203) 294-7310.

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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2011**

**VOL. 54
PART 3
689 - 1039**

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Thank you, Madam President. Moving now, Madam President, to calendar page 26, Calendar 333, House Bill Number 5956, Madam President, move to place this item on the consent calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

Continuing calendar page 26, Calendar 335, House Bill Number 6545, Madam President, move to place that item on the consent calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

And that concludes our consent calendar markings at this time.

THE CHAIR:

Thank you, Senator.

At this time, I ask if anybody would like a point of personal privilege.

Senator Kane.

That's two for you today, sir. Okay. Popular man today.

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at this time.

THE CLERK:

Madam President, I failed to notice on the bottom of page 1, Calendar Number 37, Senate Joint Resolution Number 40. And then I'll repeat on the top page 2, Calendar Number 383, Senate joint Resolution Number 41. And on page --

I believe that's all I have as of this point.

THE CHAIR:

No. All of them on page 3, if you might run through them, Mr. Clerk.

THE CLERK:

Okay. This is my first time doing this.

THE CHAIR:

Well, welcome to my world and you're doing a great job.

THE CLERK:

Okay. I understand now.

On page 3, Calendar Number 52, Senate Bill Number 853; on page 7, Calendar Number 107, substitute for Senate Bill Number 1025; on page 7, Calendar Number 117, Senate Bill Number 883; on page 10, Calendar Number 161, Substitute for Senate Bill Number 462; on page 12, on the bottom of the page,

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Calendar Number 182, Substitute for Senate bill Number 368; on page 13, Calendar Number 188, Substitute for Senate Bill Number 1092; on page 18, the bottom of the page, Calendar Number 252, Substitute for Senate Bill Number 367; on page 25, Calendar Number 329, House Bill Number 6278; on page 26, Calendar Number 333, Substitute for House Bill Number 5956; also on page 26, Calendar Number 335, House Bill Number 6545; on page 37, near the top, Calendar Number 90, Senate Bill Number 464. And I believe those are all the markings that I have for the first consent calendar.

THE CHAIR:

Thank you. Senator Looney.

SENATOR LOONEY:

Thank you, Madam President. Just to delete one item from the consent calendar, that last numerated item should not be on the consent under. That's calendar page 37, Calendar 90, Senate Bill 464. We might delete that item. And then if the -- if we would call for a roll call on the consent calendar.

THE CHAIR:

Is there any objection? See no objection at this time, would you please announce another roll call and

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the machine will be opened.

THE CLERK:

An immediate roll call vote has been ordered on the first consent calendar. Will all Senators please return to the Chamber. An immediate roll call vote has been ordered on the first consent calendar. Will all Senators please return to the Chamber.

THE CHAIR:

Have all members voted? All members have voted. The machine will be locked. And Mr. Clerk, would you announce the tally.

THE CLERK:

Madam President.

Total Number voting 34

Necessary for adoption 18

Those voting Yea 34

Those voting Nay 2

Those absent and not voting 0

THE CHAIR:

The consent calendar is adopted.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, I would yield to Senator LeBeau