PA12-170

HB5321

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We will continue with the call of the calendar. And I'll ask the Clerk to kindly call Calendar 336.

THE CLERK:

On page 17, Calendar 336, Substitute for House Bill Number 5321, AN ACT CONCERNING THE OFFICE OF HEALTHCARE ACCESS AND NOTICE BY HEALTHCARE FACILITIES REGARDING CONTRACTS FOR SERVICES, favorable report by the Committee on Public Health.

DEPUTY SPEAKER GODFREY:

The distinguished chair of the Public Health Committee, Representative Betsy Ritter.

REP. RITTER (38th):

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

DEPUTY SPEAKER GODFREY:

Question is on acceptance and passage.

Will you explain the bill please, ma'am?

REP. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, this bill makes a series of technical timing and procedural changes to our statutes governing the Department of Public Health's Office of Healthcare Access or OHCA, most specifically, to the certificate of need process. It

came to the Committee on Public Health from the agency.

Mr. Speaker, The Clerk is in possession of an amendment, LCO 4272. I would ask the Clerk to please call the amendment, and that I be granted leave of the chamber to summarize.

DEPUTY SPEAKER GODFREY:

The Clerk is in possession of LCO Number 4272, which will be designated House Amendment Schedule "A."

Mr. Clerk, please call the amendment.

THE CLERK:

LCO 4272, House "A," offered by Representative's Ritter and Perillo, et al.

DEPUTY SPEAKER GODFREY:

Gentleman has asked to leave the Chamber to summarize, without objection, Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker.

Mr. Speaker, this amendment strikes two of the original sections that came from the Committee on Public Health. It strikes at Sections 3 and 10. I urge adoption.

DEPUTY SPEAKER GODFREY:

Question is on adoption.

Will you remark, Representative Ritter?

REP. RITTER (38th):

No.

DEPUTY SPEAKER GODFREY:

The distinguished ranking member of the Public Health Committee, Representative Perillo.

REP. PERILLO (113th):

Thank you very much, Mr. Speaker.

If I could just ask one question to the proponent, through you?

DEPUTY SPEAKER GODFREY:

Okay.

REP. PERILLO (113th):

Thank you, sir.

DEPUTY SPEAKER GODFREY:

You're welcome.

REP. PERILLO (113th):

Section 3, which is being removed from the underlying bill in the amendment, lists specific reports and timeliness of those reports. Just for my curiosity, what is the existing requirement as to the reporting? Is there not one? Is the timing changing? I would just like to clarify what we're removing from the bill.

DEPUTY SPEAKER GODFREY:

Representative Ritter, do you care to respond?

REP. RITTER (38th):

Mr. Speaker, it current statute provides for reporting of data of a financial nature from hospitals to OHCA on an annual basis, the particular section, which we are asking that we strike, I would like to remind the Chamber, adds requirements to that reporting, both in terms of the information that might be reported and the frequency. And, again, we are asking in this amendment that this all be struck at this time.

SPEAKER DONOVAN:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much, Mr. Speaker.

And I thank the chair of the Public Health Committee for her answer to the question.

This -- this is an excellent amendment. The bill was a little bit aggressive in its initial stages and this is a very, very good compromise. It does strengthen the CON regulations while not placing an undue burden on hospitals. And I would urge adoption.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

Will you remark further on House Amendment Schedule "A?" Will you remark further on the amendment?

If not, let me try your minds.

All those in favor signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER DONOVAN:

Opposed, nay.

The aye's have it. The amendment is adopted.

Representative Ritter.

REP. RITTER (38th):

Thank you very much, Mr. Speaker.

Mr. Speaker, the Clerk is in possession of another amendment, LCO 4555. I would ask the Clerk to please call the amendment, and that I be granted leave of the Chamber to summarize.

DEPUTY SPEAKER GODFREY:

Clerk is in possession of LCO Number 4555, which will be designated House Amendment Schedule "B." Gentleman's -- Mr. Clerk, please call the amendment.

THE CLERK:

LCO 4555, House "B" offered by Representative

Ritter and Senator Gerratana.

DEPUTY SPEAKER GODFREY:

Gentlewoman has asked to leave the Chamber to summarize.

Is there objection?

Hearing none, Representative Ritter.

REP. RITTER (38th):

Thank you very much, Mr. Speaker.

Mr. Speaker, this makes a change to the newly numbered section -- hold it -- section -- I'm sorry it's not newly numbered -- it is Section 1 in the underlying bill.

It allows an evaluation of the financial feasibility of a project, or a demonstration of how the project will impact the financial strength of the state's healthcare system in making a certificate of need determination. Current law only allows the second the demonstration of the financial strength of the system. I urge adoption.

SPEAKER DONOVAN:

The Question is on adoption of House Amendment Schedule "B."

Will you remark on the amendment, Representative Perillo?

Representative Perillo.

REP. PERILLO (113th):

Mr. Speaker, thank you very much.

If I could, through you, sir, just a few questions to the proponent?

SPEAKER DONOVAN:

Proceed.

REP. PERILLO (113th):

As I understand the initial bill, we were going to eliminate the impact of the financial strength of the healthcare system. There was a specific reason for doing that. This amendment would change that initial intent. So I'm wondering what the initial goal was, in the underlying bill, of eliminating the evaluation of the impact on the healthcare system?

DEPUTY SPEAKER GODFREY:

Representative Ritter.

REP. RITTER (38th):

Thank you very much. Through you, Mr. Speaker.

In further discussions, it became clearer to us that -- sir -- and also in testimony from OHCA to the Committee at the time that certificate of need applicants often struggle to produce evidence demonstrating the impact of their proposal on the

entire state's healthcare system, and that's because many of these proposals are perhaps of a much smaller or very local nature.

For example, the purchase of a piece of imaging equipment, the establishment of a substance abuse service in a specific area in the state, and the applicant simply doesn't have that capability.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much, Mr. Speaker.

Just another question around the proposal that -- the suggestion that OHCA is going to be able to evaluate whether or not the proposal is financially feasible to the applicant. Personally, in my opinion, that is something that is very difficult for OHCA to evaluate, and we're looking at a specific facility, specific provider of some sort. One would expect that that provider, that facility, that hospital, whatever it may be, would have a better sense of the financial impact of any change or any certificate of need being granted than would OHCA itself.

It would lead me to the conclusion that the

market should be the market. I -- I've have had a problem with the certificate of need process for quite a while. This is one of those areas I think is problematic. We -- we should not be asking the state of Connecticut to determine whether or not a private entity, in this case a hospital or other healthcare facility, can afford to do something. That should be a decision left to the facility.

I understand that that is something that is in the underlying bill that we are discussing it here in the amendment. I will be supporting the amendment today, but I did -- just did want to say that I don't believe that decisions like this should be left to the state of Connecticut. They really should be placed in the hands of the organizations, that truly understands the financial status -- the financial situation of the facility, and that is facilities management.

Thank you, sir.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

Will you remark further on House Amendment Schedule "B?" Will you remark further on the amendment?

If not, let me try your minds.

All those in favor, signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER GODFREY:

Opposed, nay.

The aye's have it. The amendment is adopted.

Remark further on the bill as amended.

REP. RITTER (38th):

Yes.

DEPUTY SPEAKER GODFREY:

Will you remark further on the bill as amended, Representative Ritter?

REP. RITTER (38th):

Thank you very much, Mr. Speaker.

And yes, Mr. Speaker, I will briefly discuss the rest of the components of this bill as amended.

As I indicated, it makes a series of technical timing and procedural changes to these statutes. Timing changes are made to the certificate of need process and to OHCA's planning duties, in the newly numbered sections 2, 4, 5 and 6.

As we had already mentioned, Section 1 now will allow and evaluation of the financial feasibility of a project or a demonstration of how the project will

impact the financial strength of the state's healthcare system.

Section 6 removes OHCA's ability to require a hospital's independent auditor to review negotiated discount rates and changes.

In section eight, OHCA will be -- by this bill -- allowed to release patient identifiable data to certain governmental agencies for clearly specified purposes. Current law allows this to happen, in two cases. The bill allows OHCA to do this in three additional cases, to a state agency for the purpose of proving healthcare service delivery, to a federal agency or the Attorney General's Office for the investigation of hospital mergers and acquisitions, and to another state's health data collection agency with which OHCA has a reciprocal data sharing agreement for reviewing a CON or healthcare service expansions.

I would like to emphasize, Mr. Speaker, this can only happen when the requesting agency has entered into a written agreement with OHCA concerning the protection and confidentiality of that information, and I urge passage of the bill.

DEPUTY SPEAKER GODFREY:

Thank you, Madam.

Representative Perillo.

REP. PERILLO (113th):

Thank you very much, Mr. Speaker.

This is a bill that, while before us in Committee, I and many on the committee could not support. Only now with the elimination of Sections 3 and Section 10 as was done in Amendment "A," is this bill supportable. We have -- with those amendments removed, some of the very, very onerous requirements that were originally proposed in the bill, this is something that the stakeholders agree upon. This is something that the hospital community agrees that, you know, is appropriate and -- and reasonable.

So, for that reason, I will be supporting this bill today and I would urge others to do the same.

Thank you, sir.

DEPUTY SPEAKER GODFREY:

Thank you, sir.

Would you remark further on the bill as amended? Will you remark further on the bill as amended?

If not, staff and guests please come to the well of the House.

Members take your seats, the machine will be

opened.

THE CLERK

The House of Representatives is voting by roll call. Members to the chamber the House taking a roll call vote.

Members to the chamber, please.

DEPUTY SPEAKER GODFREY:

Have all the members voted? Have all the members voted?

If all the members have voted, the machine will be locked.

The Clerk will take a tally.

And the Clerk will announce the tally.

THE CLERK:

House Bill 5321 as amended by House "A" and "B,"

Total Number Voting	141
Necessary for Passage	72
Those voting Yea	141
Those voting Nay	0
Those absent and not voting	10

DEPUTY SPEAKER GODFREY:

The bill as amended has passed.

The House will come back to order and we will return to the call of the calendar.

JOINT
STANDING
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CHAIRMEN: Senator Gerratana
Representative Ritter

MEMBERS PRESENT:
SENATORS: Kane, Slossberg, Stillman, Welch

REPRESENTATIVES: Abercrombie, Ackert, Ayala, Betts, Carter, Gentile, Hetherington, LeGeyt, Lesser, Lyddy, Miller, Nardello, Perillo, Ryan, Scribner, Srinivasan, Stallworth, Taborsak, Tercyak, Widlitz

SENATOR GERRATANA: Welcome, Commissioner Mullen.

COMMISSIONER JEWEL MULLEN: Thank you. Good morning.

SENATOR GERRATANA: Good morning.

COMMISSIONER JEWEL MULLEN: Senator Gerratana, Representative Ritter, and distinguished of the Public Health Committee. My name is Dr. Jewel Mullen, Commissioner of the Department of Public Health. I'm here this morning to thank the committee for raising the department's bill and to let you know that I'm here, once again, along with a number of staff from the Department of Public Health to answer questions you have regarding the following bills: Senate Bill Number 188, AN ACT CONCERNING FINANCIAL ASSISTANCE TO LOCAL HEALTH DEPARTMENTS FOR LEAD POISONING PREVENTION; House Bill Number 5241, AN ACT CONCERNING DELAYED BIRTH REGISTRATION; Senate Bill Number 186, AN ACT CONCERNING THE LICENSING, INVESTIGATION, AND DISCIPLINARY PROCESSES FOR PHYSICIANS AND NURSES; House Bill Number 5321, AN

HB 5334
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706 - 1024

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Testimony
Melodie Peters
Public Health Committee
March 6, 2012

Good afternoon Senator Gerratana, Representative Ritter and members of the Public Health Committee

My name is Melodie Peters and I am a retired State Senator who served on this committee as Vice Chair for twelve (12) years. Today I am happy to represent AFT Connecticut and its 28,500 members including over 6,000 healthcare workers in the public and private sector.

I am testifying on Raised Bill No. 5321, ACC The Office of Healthcare Access and the Certificate of Need Process. I do believe this proposal is heading in the right direction but it doesn't, in my opinion, go far enough. What is becoming increasingly troublesome is the lack of real opportunities to weigh in on the privatization of our hospitals and the accountability for access to everyone regardless of ability to pay. Furthermore there seems to be less of an opportunity for legislative input and I would ask the committees consideration when discussing substitute language.

Continuing, I would like to recommend for your consideration adding to section 2(d) . .provide notice of this determination to the applicant, if applicable, the collective bargaining agent and to the public. . .

In section 10(a) we are appreciative to see that we are given an opportunity to be heard. In one of our hospitals recent applications to contract out its dialysis service we became aware of this partly by happenstance and were very limited to how we could offer our objections

Finally, the Certification of need process is supposed to be a safeguard for the public health and we must ensure that it continues to be a process that is transparent, involves all concerned parties and that the public good is

the only beneficiary. Over the course of this past year our research team has uncovered that the process was insufficient or subverted at one of our healthcare facilities, and led to improprieties benefiting individuals involved. This bill seeks to ensure the integrity of the process but would offer the following suggestions for your consideration.

We would like to see language that requires disclosure of a conflict of interest by the CON decision makers currently not included in section 1(a)(1-9):

> "a conflict of interest for Office (of health Care Access) members exists when the individual member has a financial or personal interest in a matter under consideration by OCHA. The personal interest of a member exists and must be disclosed. The personal interest of a member includes the interest of the member's employer, even though the member may not receive monetary or pecuniary remuneration as a result of an adopted CON review standard"

We would like to see language that required disclosure by an applicant regarding any conflict of interest by its governing body with regards to the proposed project:
This could be added to section 1(a)(1-9)

Sec. 1(a)(10) "whether the applicant has satisfactorily disclosed the existence of factors that may be deemed a financial or personal interest in the proposed project by anyone in the applicant's governing body"

The healthcare landscape is rapidly changing and the process must have the highest rigor if we want any hope that our system will have integrity. I thank the committee for their service and their attention to this urgent and serious matter.

Bonhomme, Penny

From: Sorrentino, Louis [Louis.Sorrentino@po.state ct.us]
Sent: Tuesday, March 06, 2012 10 43 PM
To: PHC Testimony
Subject: Raised H B. No 5321- Objection to

Dear Senator Edith Prague and the Public Health Committee,

As a State of Connecticut employee working in the public health arena, (DMHAS) I can assure you that language in Raised H.B. No. 5321 is *very disturbing to many of us.* Having just last year seeing Connecticut Valley Hospital almost closed, the Certificate of Need process, as currently phrased, was one of the things that saved CVH. Public health services for the downtrodden needs the current language, in these particiular examples, to stay as is.

Raised H.B. No. 5321. "AN ACT CONCERNING THE OFFICE OF HEALTH CARE ACCESS AND THE CERTIFICATE OF NEED PROCESS" proposes deletion of the language "the proposal will impact the financial strength of the health care system in the state] and replace it with "that the proposal is financially feasible for the applicant;" in (1) (4) It also mentions three times adding "to terminate a service or enter into a contract for another entity to provide a service" in Sec. 10. CHANGING THE LANGUAGE TO "FINANCIALLY FEASIBLE FOR THE APPLICANT" HAS A DISTURBING IMPLICATION; *IN OTHER WORDS, IF AN APPLICANT OR AGENCY CAN SIMPLY DEMONSTRATE THAT A PROPOSAL to "TERMINATE A SERVICE" IS MONETARITY POSSIBLE (I.E.,* FINANCIALLY FEASIBLE) THIS LOWER THRESHHOLD WOULD BECOME THE STANDARD, *AS OPPOSED TO HOW A PROPOSAL "IMPACTS THE FINANCIAL STRENGTH OF THE HEALTH CARE SYSTEM IN THE STATE".*

Given the disturbing implications detailed, we implore the Public Health Committee to refuse to allow us to go down this slippery slope. Please reply with the Committee's recommendations following investigation of this important matter.

Louis Sorrentino, CAC, DMHAS EID#061475

203 Adams Hill Way

East Windsor, CT 06088 860-508-0812

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE COMMITTEE ON PUBLIC HEALTH
March 7, 2012

Kimberly Martone, Director of Operations, Office of Health Care Access, 860-418-7029

House Bill – Bill 5321 - An Act Concerning the Office of Health Care Access and the Certificate of Need Process

---

The Department of Public Health would like to provide the following information in favor of House Bill 5321. We thank the Committee for choosing to take up the Department's proposal. Below is information on the provisions contained in the bill

Section 1

The Department's Office of Health Care Access (OHCA) is proposing to replace the phrase "how the proposal will impact the financial strength of the health care system in the state" within §19a-639(a)(4) of the General Statutes with "that the proposal is financially feasible for the applicant." In evaluating Certificate of Need (CON) applications, OHCA can verify and measure the effect a CON proposal has on the applicant by reviewing the financial status of the applicant; however, OHCA does not have the data to properly evaluate the financial impact of the CON proposal on the state's health care system Moreover, CON applicants struggle to produce evidence demonstrating the impact of the proposal on the state's health care system. It is also worth noting that the majority of the CON proposals received and reviewed by OHCA over the past year involve the acquisition of imaging equipment, the establishment of substance abuse/mental health services, and transfer of ownership of a health care facility Such proposals do not lend themselves to an easy demonstration of their impact on the financial strength of the health care system statewide.

Prior to the changes implemented under Public Act 10-179, OHCA evaluated the financial feasibility of the proposal rather than looking at the impact on the entire state This financial feasibility evaluation is a more realistic guideline and most applicants are able to produce financial documents and analysis demonstrating that a particular proposal is financially feasible.

Section 2

OHCA proposes to amend the proposed language in this section by deleting "after the date the office closes the public hearing" in line 49 and substituting "following the close of the hearing record." This is to clarify the closing of the hearing record as opposed to the actual public hearing. At the public hearing, OHCA often orders additional evidence be provided after the public hearing has ended. Once the information is received by OHCA, it then *closes* the hearing record through a letter. Therefore, the proposed language clarifies when the hearing record is legally closed as well as the day on which the 60 day review period for OHCA to render a decision begins

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Section 3

This section would require hospitals to file a statement of operations and utilization statistics on a quarterly basis, which will provide OHCA with a small number of performance indicators or measures in order to see more immediate financial and utilization performance results, and allow OHCA to publish a dashboard of financial indicators quarterly This change will allow OHCA to provide the public and policy makers with the most current information on the financial performance of Connecticut's hospitals.

OHCA currently receives substantial financial data and information on an annual basis from Connecticut's acute care general hospitals and children's hospital pursuant to state statute and regulation. OHCA utilizes this data to publish an annual acute care hospital financial stability report, to publish various fact sheets, to verify hospital net revenues, to calculate the allocation of the OHCA funding assessment amounts among the hospitals (OHCA is an industry-funded division), to support the Certificate of Need process, and also to support facility planning efforts which OHCA is undertaking However, OHCA receives this annual data, by law, five to six months after the end of the hospital fiscal year.

Given the rather dynamic and fluid nature of hospital finances, OHCA wants to enhance data reporting efforts and collect certain information on a quarterly basis. Currently, OHCA cannot determine and is therefore not able to inform policy makers of early indications of trends in performance, on a hospital-specific, regional or statewide basis The data elements which OHCA will request will be limited and will include: amounts for operating and non-operating revenue, various expenses such as interest expense and depreciation; current assets and liabilities, discharges, patient days, staffed beds; average daily census; and case mix index This information measures profitability, liquidity, solvency and hospital utilization.

Other states currently collect quarterly data from hospitals. For example, the Division of Health Care Finance and Policy, a division of the Massachusetts Office of Health and Human Services, collects and publishes quarterly financial performance indicators or measures for Massachusetts hospitals. That division publishes quarterly results on their website but makes it clear to the reader that the filings are based on the hospitals' unaudited internal financial statements. The state of Washington also collects quarterly data in conjunction with that state's hospital association via a memorandum of understanding. In Washington, the collection of quarterly data is a cooperative effort between the state and the hospital association and both have administrative rights on the system and can configure reports. OHCA's collecting and reporting of the quarterly data would be similar to that of Massachusetts and it would be clear that the information is based upon unaudited financial statements

Section 4

This section revises the date of receipt of net revenue verification from February 28 to March 31 of each year. The rationale is to make the filing date of the new verification of net revenue document the same as the Twelve-Month Actual Filing, which is March 31st. This reduces the possibility of the hospitals filing numbers on the Hospital Reporting System (HRS) that may differ from those contained within the verification of net revenue document

Section 5

This section revises statute to omit an obsolete reference to a hospital rate setting process that was in place during 1992 to 1994, when the Commission on Hospitals and Health Care ("CHHC", OHCA's predecessor agency) was authorized to set acute care hospital rates. The statutory rate setting program sunset on March 31, 1994. Prior to that date, CHHC allowed for incremental expenses in the rates of acute care hospitals participating in the *Maternal and Child Health Program* as a funding mechanism

Section 6

OHCA respectfully requests amending the language in line 121 from "The Office of Health Care Access shall conduct, on a biannual basis" to "The Office of Health Care Access shall conduct, on a biennial

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basis" and the proposed language in line 129 "in which the biannual study is conducted" to "in which the biennial study is conducted." This is a technical revision to remove ambiguity and make clear that the study will be done every two years and not twice a year

The proposal changes language in §19a-634(a) from "Such study shall include" to "Such study may include" to make the language for the statewide health care facility utilization study consistent with subsection (b) which states that the health care facility plan "may include " Additionally, this change allows OHCA to exclude from the study utilization data from facilities such as outpatient surgical facilities until OHCA has access to complete useable data in June 2015, as stipulated in §19a-654 OHCA also proposes to carry out the utilization study biennially rather than annually Since the inventory of health care facilities is completed biennially, it makes sense to prepare a utilization study in alternate years, biennially. Additionally, OHCA is proposing to update the statewide health care facility plan every two years and will need to devote a significant amount of time and resources to the plan during those years In subsection (b), OHCA proposes to change the time frame by which the state health care facility plan is updated because it will allow for more frequent updates that may be necessary due to health care reform, technological advances and billing changes Also, it will provide health facilities and providers, covered under the statute, with the ability to initiate the updates based upon their expenences.

Section 7

Statute is being revised for the following reasons

- The Office has not regulated discounts (contractual allowances) since hospital rate-setting ended, March 31, 1994. Almost all of the nongovernmental (commercial) contracts are negotiated,
- The dates referenced in the statute have long expired;
- The main purpose for the agreements being filed was due to two hospital tax programs, the Gross Earnings ("GET") and sales taxes, which ended in 1998 and 2001, respectively,
- Discount agreements or contracts negotiated for a different rate or method of reimbursement have not been filed or reviewed at OHCA since 2002;
- The agreements no longer need to be submitted to OHCA. They are required to be filed within 24 hours of their execution at a hospital's business office and available for viewing upon request, and,
- The Office no longer holds public hearings for aggrieved payers that have not been awarded a discount by a hospital if the hospital had awarded a discount(s) to other payer(s).

Section 8

The wording in this statute is requested to be revised to "verification of net revenue" in order to be consistent with the new wording on subsection (a) of §19a-649

Section 9

OHCA respectfully requests amending the proposed language in lines 284-287 from " to a municipality or state agency, as defined in §4-230, another state, or a federal agency " to "a state agency for the purpose of health care services delivery improvement or oversight; a federal agency or the state of Connecticut Office of the Attorney General for the investigation of hospital mergers and acquisitions, or another state's patient-level data collection agency with which the office, for the purposes of certificate of need review or state-wide health care facilities and services planning, enters into a reciprocal data-sharing agreement." This revision clarifies which entities may receive patient-level (a record of the patient's information which includes demographics, diagnoses, procedures but not patient name, SSN or address) and for what purposes

The proposal adds language to §19a-654 that would allow for the release of patient level data to certain governmental entities for specific purposes Any such entity receiving the data shall sign a data use agreement which will require the entity to protect the confidentiality of the personal health data, not to re-

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transfer or re-distribute the original data, and not to identify or contact individuals in the data for any reason.

OHCA receives requests from other state agencies (e g , DCF, DMHAS, DSS, OHR&I) for patient-level data that is not releasable under §19a-25 but is needed for service delivery improvements, cost analyses and program innovation

OHCA has also received requests for inpatient hospital data from the Federal Trade Commission and the Attorney General's Office in the course of investigating potential mergers between hospitals and other health care facilities to determine whether the proposed merger would violate antitrust laws In the past, OHCA was able to release the requested information, but in light of changes made to §19a-654 under Public Act 11-61, OHCA is only able to release patient-identifiable data pursuant to §19a-25, which does not allow for the release to the federal or state government for investigation into antitrust matters

In addition, current statute prohibits reciprocal sharing of patient-level data with health care services-related agencies in states bordering Connecticut, especially in markets where there is a great deal of cross-border migration. This prohibits the office from conducting comprehensive utilization analyses required for adequate health care facilities and services planning

Section 10

OHCA is requesting to eliminate the proposed language "or enter into a contract for another entity to provide a service" as it is too broad and may extend beyond OHCA's authority pursuant to §19a-638. Additionally, OHCA only regulates health care facilities as defined under §19a-630 and this language appears to extend OHCA's authority beyond its statutory authority pursuant to §§ 19a-630, 19a-638, and 19a-639. Furthermore, OHCA no longer regulates any establishment or addition of service and this language expands OHCA's authority into regulating the types of services and entities beyond health care facilities, as defined pursuant to §19a-630, that it currently does not have authority to review Therefore, OHCA requests to eliminate/delete the proposed new language and maintain Section 10 as originally drafted. Due to the fact that the Department does not currently require Certificate of Need authorization for contractual arrangements, additional staff would be needed to meet this requirement

Thank you for your consideration of the Department's views on this bill

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It has been, sir.

SENATOR LOONEY:

So I believe that may be on.

Right, if we might stand at ease for just a moment, Madam President.

THE CHAIR:

We'll stand at ease.

SENATOR LOONEY:

Wanted to check an additional item.

THE CHAIR:

Thank you, we will stand at ease.

(Chamber at ease.)

SENATOR LOONEY:

Thank you, Madam President.

One additional item, calendar page 19, Calendar 488, House Bill 5321, move to place the item on the consent calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, some additional items from the agendas. Move for suspension to take up certain items on Agendas Numbers 1 and 3 for purposes of placing on the consent calendar.

THE CHAIR:

(HB 5283)

On page 3, Calendar 240, House Bill 3283; page 3, Calendar 299, House Bill 5437; page 5, Calendar 349, Senate Bill 374; page 6, Calendar 375, House Bill 5440; page 6, 362, House Bill 5011.

On page 7, Calendar 376, House Bill 5279; on page 7, 387, House Bill 5290; on page 8, 394, House Bill 5032; on page 8, 396, House Bill 5230.

Also on page 8, Calendar 398, House Bill 5241; on page 8, Calendar 393, House Bill 5307; on page 9, Calendar 403, House Bill 5087; on page 9, Calendar 406, House Bill 5276; on page 9, 407, House Bill 5484; on page 11, Calendar 424, House Bill 5495; on page 12, Calendar 435, House Bill 5232; on page 13, Calendar 5 -- excuse me Calendar 450, House Bill 5447; on page 14, Calendar 455, House Bill 3 -- I'm sorry -- House Bill 5353.

On page 14, Calendar 453, House Bill 5543; on page 14, Calendar 459, House Bill 5271; on page 15, Calendar 464, House Bill 5344; on page 15, Calendar 465, House Bill 5034; on page 16, Calendar 469, House Bill 5038; on page 17, Calendar 475, House Bill 5550; on page 17, Calendar 474, House Bill 5233; on page 17, Calendar 477, House Bill 5421.

Page 18, 480, House Bill 5258; on page 18, Calendar 479, House Bill 5500; page 18, Calendar 482, House Bill 5106; on page 18, Calendar 483, House Bill 5355; on page 19, Calendar 489, House Bill 5248; on page 19, Calendar 488, House Bill 5321; on page 20, Calendar 496, House Bill 5412.

On page 21, Calendar 504, House Bill 5319; page 21, Calendar 505, House Bill 5328; on page 22, Calendar 508, House Bill 5365; on page 22, Calendar 510, House Bill 5170; on page 23, Calendar 514, House Bill 5540; on page 23, Calendar 517, House Bill 5521.

Page 24, Calendar 521, House Bill 5343; page 24, Calendar 518, House Bill 5298; page 24, Calendar 523, House Bill 5504; page 29, Calendar 355, Senate Bill 418; on page 13, Calendar 444, 5037; and Calendar 507, House Bill 5467.

THE CHAIR:

Senator -- Senator Suzio.

SENATOR SUZIO:

State of Connecticut

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GAREY E. COLEMAN
CLERK OF THE SENATE
ERNEST J. COTNOIR
ASSISTANT SENATE CLERK

TIMOTHY B KEHOE
PERMANENT ASSISTANT
CLERK OF THE SENATE

Bills placed on the Consent Calendar on May 9, 2012

5358
5148
5394
5326
5025
5534
5539
5320
5462
5394
5511
5283
5437
374
5011
5440
5279
5290
5307
5032
5230
5241
5087
5276
5484
5495
5232
5447
5543
5353
5271
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004497-B

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5233
5550
5258
5106
5355
5521
5248
5412
5319
5328
5365
5170
55440
5521
5298
5343
5504
418
5037
5467
5022
5259
5496
5360

004497-C

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Bills from Senate Agenda Number 3 from the May 9th Senate Session that were placed on the Consent Calendar

HB5304
HB 5342

Good evening, Madam President.

I just want to clarify. I thought I heard the Clerk call House Bill 5034? Is that on the consent calendar?

THE CHAIR:

Do you know what page that is, sir?

SENATOR SUZIO:

No I -- he was reading so fast, Madam, I couldn't get it.

THE CHAIR:
It's -- yes it's 53 -- I don't know.

SENATOR SUZIO:

5034.

THE CHAIR:

5034, yes sir.

SENATOR SUZIO:

I object to that being put on the consent calendar, Madam President.

THE CHAIR:

Okay, that will be removed.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Yes, just seeing that -- ask to remove that item from the consent calendar.

THE CHAIR:

So ordered.

At this time we'll call a roll call vote on the consent calendar.

Mr. Clerk.

THE CLERK:

Immediate roll call has been ordered in the Senate. Senators please return to the Chamber. Immediate roll call has been ordered in the Senate.

THE CHAIR:

Senator Coleman, we need your vote, sir.

Senator Kissel, Senator Kissel. Senator Kissel, will you vote on the consent calendar please?

All members have voted?

If all members have voted, the machine will be closed.

Mr. Clerk, will you call the amendment -- I meant the tally.

THE CLERK:

On today's consent calendar.

Total Number Voting	36
Necessary for Adoption	19
Those Voting Yea	36
Those Voting Nay	0
Those Absent and Not Voting	0

THE CHAIR:

The consent calendar has passed.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, I believe the Clerk is in possession of Senate Agenda Number 6 for today's session.