

**PA13-278**

SB0992

House	10630-10640	11
Public Health	2345, 2349-2350, 2358- 2363, 3191-3192	11
Senate	2262-2265, 2283-2285, 5441-5445	12
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**CONNECTICUT  
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HOUSE**

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members please return to the Chamber immediately.

SPEAKER SHARKEY:

Have all the members voted? Have all the members voted? Will the members please check the board to make sure your vote is properly cast. If all the members have voted the machine will be locked and the Clerk will take a tally. Will the Clerk please announce the tally.

THE CLERK:

In concurrence with the Senate, substitute Senate Bill 1067 as amended by Senate A.

Total Number Voting	146
Necessary for Adoption	74
Those voting aye	117
Those voting nay	29
Absent and not voting	4

SPEAKER SHARKEY:

The bill as amended passes in concurrence with the Senate. Will the Clerk please call Calendar 607.

THE CLERK:

On page 24, Calendar 607 favorable report of the joint standing Committee on Judiciary, substitute Senate Bill 992, AN ACT CONCERNING VARIOUS REVISIONS TO THE OFFICE OF HEALTHCARE ACCESS STATUTES.

SPEAKER SHARKEY:

Representative Cuevas, you have the floor, Sir.

REP. CUEVAS (75th):

Good evening, Mr. Speaker.

SPEAKER SHARKEY:

Good evening, Sir.

REP. CEUVAS (75th):

Mr. Speaker, I move for the acceptance of the joint favorable report and the passage of the bill in concurrence with the Senate.

SPEAKER SHARKEY:

The question before the Chamber is acceptance of the joint committee's favorable report and passage of the bill in concurrence with the Senate. Will you remark, Sir?

REP. CUEVAS (75th):

Yes. I'd like to call Senate -- Senate Bill 62 -  
- Amendment 6282. LCO 6282, Sir. Mr. Speaker, the Clerk is in possession of LCO 6282. I ask that he call 6282. I'm sorry. I believe we -- the Clerk has in his possession an amendment from the Senate. It's 6 -- which is 6915. Mr. Speaker, can I just take a look at something real quick.

SPEAKER SHARKEY:

Please proceed.

REP. CUEVAS (75th):

Okay. Sorry.

SPEAKER SHARKEY:

The Chamber will stand at ease for a moment.

(Chamber at ease.)

REP. CUEVAS (75th):

Mr. Speaker.

SPEAKER SHARKEY:

Yes, Representative Cuevas.

REP. CUEVAS (75th):

The Clerk's in -- has an amendment, LCO 6915 designated Senate Amendment A. I ask the Clerk to call Senate -- LCO 6915 and I be granted leave of the Chamber to summarize, Sir.

SPEAKER SHARKEY:

Will the Clerk please call LCO 6915 which has previously been designated Senate Amendment A.

THE CLERK:

Senate Amendment A substitute -- or LCO 6915 as introduced by Senator Gerratana.

SPEAKER SHARKEY:

The Gentleman seeks leave of the Chamber to summarize. Is there objection? Is there objection?

Please proceed with summarization, Sir.

Representative Cuevas.

REP. CUEVAS (75th):

Representative -- give me a second, Sir. Mr. Speaker. Mr. Speaker. Mr. Speaker.

SPEAKER SHARKEY:

Sir, I believe this time we're looking for you to summarize Senate Amendment A.

REP. CUEVAS (75th):

Mr. Speaker.

SPEAKER SHARKEY:

The Chamber will -- it appears we're having trouble with the microphone. The Chamber will stand at ease for a moment.

(Chamber at ease.)

SPEAKER SHARKEY:

The Chamber will come back to order. It appears that our microphones have been restored.

REP. CUEVAS (75th):

Mr. Speaker.

SPEAKER SHARKEY:

Representative Cuevas, if I could just recap where we are. You have called LCO 6915 which is on the board designated -- previously designated Senate Amendment A. We're looking for you to summarize the amendment, Sir.

REP. CUEVAS (75th):

I move adoption, Sir.

SPEAKER SHARKEY:

Thank you, Sir. The question before the Chamber is adoption of Senate Amendment A. Will you remark? Will you remark? If not, all those in favor of Senate Amendment A please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER SHARKEY:

Those opposed, nay. The ayes have it. The amendment is adopted. Would you care to remark further on the bill as amended? Representative Cuevas.

REP. CUEVAS (75th):

Mr. Speaker, the Clerk has an LCO 8938. I would like the Clerk to please call the amendment and that I be granted leave by the Chamber to summarize.

SPEAKER SHARKEY:

Will the Clerk please call LCO 8938 which will be designated House Amendment A.

THE CLERK:

House Amendment A, LCO 8938 introduced by Representatives Berger, Cuevas, et al.

SPEAKER SHARKEY:

The Gentleman seeks leave of the Chamber to summarize. Is there objection? Is there objection? You may proceed with summarization, Sir.

REP. CUEVAS (75th):

Mr. Speaker, this is a strike all amendment. And basically what the amendment does it allows the for profit hospitals to employ physicians in the same manner that nonprofit hospitals employ physicians. Furthermore it allows for profit hospitals to form entities, corporations, limited partnerships and limited liability companies that allow physicians.

This will enable for profit hospitals to provide the same level of care patients from nonprofit hospitals and respond for the fast changing industry as effective as non for profit hospitals allowing for profit hospitals to form entities and employ physicians will provide more employment options and

also more opportunities for physicians and patients for options of different physicians. And I move adoption, Sir.

SPEAKER SHARKEY:

The question before the Chamber is adoption of House Amendment A. Will you remark? Representative D'Amelio.

REP. D'AMELIO (71st):

Thank you, Mr. Speaker. Mr. Speaker, I rise in strong support of the amendment before us. The Waterbury delegation we need this amendment to pass in order for Waterbury Hospital and also for Bristol Hospital to continue to provide the quality healthcare that they are now providing to the citizens of the greater Waterbury area. I urge the Chamber's adoption. Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, Sir. Would you care to remark further on House Amendment A? Representative Betts of the 78th.

REP. BETTS (78th):

Thank you very much, Sir. Just very quickly I also too rise in support and thank the Chair for helping us with this issue. Thank you very much.

SPEAKER SHARKEY:

Thank you, Sir. Would you care to remark further on House Amendment A? Representative Williams of the 68th.

REP. WILLIAMS (68th):

Thank you, Mr. Speaker. And good evening. Just briefly in support of the amendment I want to thank Representative Cuevas and Representative Berger, Representatives D'Amelio, Noujaim, Betts and others who worked hard on this.

I think that this resolves a major problem that we will have had -- or we would have had with regard to some hospital acquisitions and the quality delivery of healthcare if we didn't do this here tonight. Two hours before the end of session but better late than never. I thank the people that worked on it and I urge adoption. Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, Sir. Would you care to remark further on House Amendment A? Representative Noujaim of the 74th.

REP. NOUJAIM (74th):

Thank you, Mr. Speaker. I echo their excellent comments. Thank you, Mr. Speaker.

SPEAKER SHARKEY:

Bless you, Sir. Would you care to remark further on House Amendment A? Representative Tercyak of the 26th. Not here. Thank you. Do you care to remark further on House Amendment A? If not, let me try your minds. All those in favor of House Amendment A please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER SHARKEY:

Those opposed, nay. The ayes have it. We'll try your minds one more time. Do you care to remark -- all those in favor of House Amendment A please signify by saying aye.

REPRESENTATIVES:

Aye.

SPEAKER SHARKEY:

Those opposed, nay.

REPRESENTATIVES:

No.

SPEAKER SHARKEY:

The ayes have it and the amendment is adopted.

Would you care to remark further on the bill as amended? Do you care to remark further on the bill as

amended? If not, staff and guests 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.

The House of Representative is voting by roll. Will members please report to the Chamber immediately.

SPEAKER SHARKEY:

Have all members voted? Have all the members voted? Will the members please check the board to make sure your vote is properly cast. If all the members have voted the machine will be locked and the Clerk will take a tally. Will the Clerk please announce the tally.

THE CLERK:

Substitute Senate Bill 992 as amended by Senate A and House A not in concurrence.

Total Number Voting	145
Necessary for Adoption	73
Those voting aye	120
Those voting nay	25
Absent and not voting	5

SPEAKER SHARKEY:

The bill as amended passes in -- the bill as

amended passes. Representative Aresimowicz.

REP. ARESIMOWICZ (30th):

Mr. Speaker, I move that we immediately transmit all matter requiring further action in the Senate.

SPEAKER SHARKEY:

The question is on immediate transmittal of all previous bills that we have passed in the House for transmittal to the Senate. Is there objection? Is there objection? So ordered. Will the Clerk please call emergency certified bill 6706.

THE CLERK:

The E Cert Bill 6706, AN ACT IMPLMENTING  
PROVISIONS OF THE STATE BUDGET FOR THE BIENNIUM ENDING  
JUNE 30, 2015 CONCERNING GENERAL GOVERNMENT.

SPEAKER SHARKEY:

Representative Walker.

REP. WALKER (93rd):

Good evening, Mr. Speaker. Mr. Speaker, I move passage of emergency certification Bill number 670 -- 6706.

SPEAKER SHARKEY:

The question before the Chamber is passage of emergency certified Bill 6706. Will you remark, Madam?

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Those voting Yea	24
Those voting Nay	12
Absent and not voting	0

THE CHAIR:

The bill Passes.

Mr. Clerk.

THE CLERK:

On Calendar Page Number 46, Calendar Number 397,  
Substitute for Senate Bill Number 992, AN ACT  
CONCERNING VARIOUS REVISIONS TO THE OFFICE OF HEALTH  
CARE ACCESS STATUTES, Favorable Report from the  
Committee on Public Health.

THE CHAIR:

Senator Gerratana. Good evening, ma'am.

SENATOR GERRATANA:

Good evening, Madam President. Thank you, Madam  
President.

I move acceptance of the joint committee's Favorable  
Report and passage of the bill.

THE CHAIR:

Motion is on acceptance and passage. Will you remark?

SENATOR GERRATANA:

Thank you, Madam President, I will.

The bill before us makes some changes to our Office of  
Health Care Access -- excuse me -- under the  
Department of Public Health.

Our Office of Health Care Access is, for all intents  
and purposes, a planning agency at this stage, and  
over -- also oversees how health care services are  
delivered in our communities and in our state.

The first part of the bill requires that hospitals now submit their 990 Form to the office for uses of reporting and collection of data. In Section Number 2 -- I'm just going to cursor down a little bit -- it instills or rather assigns a penalty to the hospitals for a questionnaire that they heretofore submitted voluntarily. And in Section 3, there is also a requirement for information on detailed patient bills.

Madam President, that's the skinny, if you will, on this bill before us, but I do have an amendment. If the Clerk would please call LCO Number 6915; he call and I be allowed to summarize.

THE CHAIR:

Mr. Clerk.

THE CLERK:

LCO Number 6915, Senate Amendment "A," offered by Senator Gerratana and Representative Johnson.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President.

I move adoption.

THE CHAIR:

Motion is on adoption. Will you remark, ma'am?

SENATOR GERRATANA:

Yes. Madam President, this amendment before us does a variety of things to clarify the underlying bill. In the part where OHCA will be collecting the IRS information, in consultation with and discussion with the Connecticut Hospital Association, this language was included to make sure that any information that is protected meets the conditions under this language.

It also, in Section 3, makes a change, and that was from our screening committee. It describes what a detailed patient bill is and also pricemaster; and also, upon the request of the Department of Public Health or a patient, that the hospital will provide this detailed patient bill.

Again, the question is on adoption. I urge adoption of the amendment.

THE CHAIR:

Will you remark? Will you remark?

Senator Welch.

SENATOR WELCH:

Thank you, Madam President.

I support this amendment. When we first heard this bill, there was some objection, and that objection came primarily from the local hospitals in Connecticut. However, this amendment, in particular, addresses the language that they found objectionable. So I appreciate Senator Gerratana and in dealing with those concerns straight on, and I will be supporting this amendment.

Thank you --

THE CHAIR:

Thank you.

SENATOR WELCH:

-- Madam President.

THE CHAIR:

Thank you.

Will you remark? Will you remark?

If not, I'd try your minds on Senate "A." All those in favor of Senate "A," please say aye.

SENATORS:

Aye.

THE CHAIR:

Opposed?

Senate "A" passes.

Senator Gerratana.

SENATOR GERRATANA:

If there's no objection, Madam President, I ask that this item be placed on our Consent Calendar.

THE CHAIR:

Seeing no objection, so ordered, sir -- ma'am.

Mr. Clerk.

THE CLERK:

On Calendar Page 49, Calendar Number 185, Substitute for Senate Bill Number 114, AN ACT PROHIBITING RESIDENTIAL LANDLORDS FROM REQUIRING TENANTS TO PAY RENT BY ELECTRONIC TRANSFER, as amended, Favorable Report from the Committee on Housing.

THE CHAIR:

Senator Bartolomeo.

SENATOR BARTOLOMEO:

Thank you --

THE CHAIR:

(Inaudible) me.

SENATOR BARTOLOMEO:

-- very much, Madam President.

THE CHAIR:

So ordered, sir.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, if the Clerk would now proceed to read the items placed on the Consent Calendar today, before calling for a vote on that Consent Calendar.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Beginning on Calendar Page 3, Number 146, Senate Bill Number 959; also on Calendar Page 3, Number 165, Senate Bill 327.

On Calendar Page 8, Number 303, Senate Bill Number 1018.

On Page 22, Calendar Number 511, House Bill 6243.

On Page 23, Calendar Number 517, House Bill 6453.

On Page 24, Calendar Number 525, House Bill 6457; also on Page 24, Calendar Number 526, Senate Bill 1079.

On Page 25, Calendar Number 527, Senate Bill 1131; also on Page 25, Calendar Number 529, Senate Bill 965. Finally, on Page 25, Calendar Number 531, Senate Bill 986.

On Page 29, Calendar Number 562, House Bill 5387.

On Page 35, Calendar Number 39, Senate Bill 597.

On Page 40, Calendar 210, Senate Bill 817.

THE CHAIR:

Mr. Clerk, on Page 35, have you also seen Calendar Number 44, Senate Bill 809?

A VOICE:

Yeah.

THE CHAIR:

(Inaudible) wrong. Okay. Okay; I apologize, sir.

Please proceed.

THE CLERK:

On Calendar Page 40, Number 210, Senate Bill 817.

On Page 41, Calendar 254, Senate Bill 1013.

On Calendar Page 42, Number 271, Senate Bill 1072;  
also on Page 42, Calendar Number 286, Senate Bill  
1113.

On Page 44, Calendar 364, Senate Bill 1014.

On Page 46, Calendar Number 397, Senate Bill 992; also  
on Page 46, Calendar 406, Senate Bill 1129. And  
finally, on Page 46, Calendar 407, Senate Bill 383.

THE CHAIR:

Mr. Clerk, I ask for a roll call vote. The machine  
will be open for the Consent Calendar.

THE CLERK:

Immediate roll call vote has been ordered in the  
Senate on the Consent Calendar. Immediate roll call  
vote has been ordered in the Senate; Senators please  
return to the Chamber.

THE CHAIR:

All members have voted: all members voted? The  
machine will be closed.

Mr. Clerk, will you please call the tally.

THE CLERK:

On the Consent Calendar.

Total Voting	36
Voting Yea	36
Voting Nay	0
Absent, not voting	0

THE CHAIR:

The Consent Calendar passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Madam President.

Madam President, at this point, having concluding the day's business, would certainly yield the floor to any members for purposes of announcements or committee meeting or -- or other points of personal privilege.

THE CHAIR:

Are there any point -- points of personal privilege or announcements? Are there any personal privileges or announcement?

Senator McKinney.

SENATOR McKINNEY:

Thank you, Madam President.

Madam President, as fate would have it, we came close yesterday to being able to celebrate the birthday of two of our members. Yesterday we celebrated the birthday of Senator Slossberg; today, we get to celebrate the birthday of Senator Len Fasano, so --

THE CHAIR:

All right.

SENATOR McKINNEY:

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Thank you, Mr. President.

Mr. President, I would ask the clerk to call that item.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Substitute Senate Bill Number 992, AN ACT CONCERNING VARIOUS REVISIONS TO THE OFFICE OF HEALTHCARE ACCESS STATUS, favorable report of the Committee on Judiciary.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Good evening, Mr. President.

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

THE CHAIR:

On acceptance and passage of the bill, will you remark?

SENATOR GERRATANA:

Yes, Mr. President.

There is an amendment. If the clerk would please call LCO Number 8938, and I be allowed to summarize. House Amendment A

THE CHAIR:

Mr. Clerk, 8938

SENATOR GERRATANA:

Oh, I'm sorry.

THE CHAIR:

Senator Gerratana?

SENATOR GERRATANA:

Mr. President, I'm awfully sorry. I should explain the bill as amended by the House and when I moved it, I didn't move it in concurrence with the House so I will do so at this time.

THE CHAIR:

On acceptance and passage in concurrence with the House, will you remark?

SENATOR GERRATANA:

Yes, thank you, Mr. President.

Mr. President, this is a strike-all amendment, and it is one that allows certain business corporations to be members of a medical foundation. This is specific to the Waterbury Health Network and the Bristol Hospital and Healthcare Group, and the amendment that we have before us expires as of August 1, 2013. And, Mr. President, I urge passage of the bill.

Thank you.

THE CHAIR:

Thank you, Madam.

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

Senator Osten.

SENATOR OSTEN:

Thank you, Mr. President.

I have a few questions for the proponent of the bill, and I would be asking for a roll call vote. And I urge opposition to this bill.

THE CHAIR:

Thank you, Madam.

As a final action, we will have a roll call vote.

Please proceed.

SENATOR OSTEN:

Through you, Mr. President, have there been placed in this amendment some worker protections for the current workers in Waterbury Hospital who are currently undergoing contact negotiations and is there protection for their healthcare, for their retirement packages and their current wages?

THE CHAIR:

Senator Gerratana

SENATOR GERRATANA:

Mr. President, not in this legislation.

THE CHAIR:

Senator Osten.

SENATOR OSTEN:

Is it the intent to disregard the workers in this particular hospital?

THE CHAIR:

Senator Gerratana

SENATOR GERRATANA:

Through you, Mr. President, no.

THE CHAIR:

Senator Osten.

SENATOR OSTEN:

So would you make for legislative intent that the hospital would be required to act in concurrence with current labor laws in the State of Connecticut?

THE CHAIR:

Senator Gerratana

SENATOR GERRATANA:

Through you, Mr. President, yes.

THE CHAIR:

Senator Osten.

SENATOR OSTEN:

Through you, Mr. President, in this legislative -- excuse me -- in this amendment from the House is it your intention that all future negotiations will be done in accordance with current labor statutes, not only with the nursing staff, but all support staff in the Waterbury Health Network?

THE CHAIR:

Senator Gerratana

SENATOR GERRATANA:

Through you, Mr. President, yes.

THE CHAIR:

Senator Osten.

SENATOR OSTEN:

Thank you very much.

THE CHAIR:

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

If not, Mr. Clerk, please announce the pendency of a roll call vote. The machine will be open.

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:

Have all members voted? I know. Have all members voted? Please check the board to make sure your vote is accurately recorded.

If all members have voted, the machine will be closed and the clerk will announce the tally.

THE CLERK:

Senate Bill Number 992

Total Number Voting	35
Those voting Yea	33
Those voting Nay	2
Those absent and not voting	1

THE CHAIR:

The bill passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, now I would ask the Clerk to call -- first would ask on Senate Agenda Number 3, there is a single item, Emergency Certified House Bill 6706. Mr. President, would move for suspension so that we might immediately take up that item.

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**PUBLIC  
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**2013**

to your left and exit the building by the main entrance or follow the exit signs to one of the other exits.

Please quickly exit the building and follow any instructions from the Capitol Police. Do not delay and do not return unless and until you are advised it is safe to do so.

In the event of a lockdown announcement, please remain in the hearing room and stay away from the exit doors until all clear announcement is heard. Thank you.

All public hearing testimony, written and spoken, is public information. It will be available on the CGA website and indexed by Internet search engines.

As per our usual and customer procedure, we will start with Legislators, agencies and municipalities who have registered to testify.

First up is our Commissioner of Public Health, Jewel Mullen. Good morning, and welcome.

COMMISSIONER JEWEL MULLEN: Thank you. Good morning. Good morning, Senator Gerratana, Representative Johnson and Members of the Public Health Committee. I'm Dr. Jewel Mullen, and I'm here to testify in support of four bills on today's Public Health hearing agenda.

Senate Bill 848 AN ACT IMPLEMENTING PROVISIONS OF THE BUDGET CONCERNING PUBLIC HEALTH, Senate Bill 990 AN ACT CONCERNING SMOKING POLICIES AND PROHIBITING SMOKING IN CERTAIN AREAS, Senate Bill 992 AN ACT CONCERNING VARIOUS REVISIONS TO THE OFFICE OF HEALTHCARE ACCESS STATUTES and House Bill 6521 AN ACT CONCERNING MEDICAL ORDERS FOR LIFE SUSTAINING TREATMENT.

HB6518  
HB6519  
HB6484

I'd also like to thank the Committee for raising the Department's bills, Senate Bill 990 AN ACT CONCERNING SMOKING POLICIES AND PROHIBITING SMOKING IN CERAIN AREAS and Senate Bill 992 AN ACT CONCERNING VARIOUS REVISIONS TO THE OFFICE OF HEALTH CARE ACCESS STATUTES.

The Senate Bill 990's intent is to reduce exposure to second-hand smoke through three changes in the current Clean Indoor Air Act.

First, it restricts the current exemption from the Act by applying it to businesses of one or fewer employees. Under current law, businesses of five or fewer employees are exempted.

This bill also creates an exemption for home-based owner-operated businesses in which the owner or owners of such businesses are the sole employee.

Second, the bill extends the Act to disallow smoking within 25 feet of entrances or doorways.

Third, it clarifies that electronic nicotine delivery services are covered by the smoking ban.

I'm going to skip my next paragraph because I believe I don't need to educate you about the hazards of tobacco smoke, but if you want me to, I'm happy to read it and go farther.

SENATOR GERRATANA: No, you can skip that.

COMMISSIONER JEWEL MULLEN: Okay. In the current act, smoking is defined as the lighting or carrying of a lighted cigarette, cigar, pipe, or similar device. Even though electronic cigarettes are already covered under this definition, we want to add the clarification that this specifically includes electronic nicotine delivery systems or e-cigarettes, to counteract the advertising complain of companies selling this product.

A warning was issued by the FDA, Food and Drug Administration in 2009 after preliminary testing was performed on these devices. It was determined that they contained chemicals, varying degrees of nicotine and are produced with little, if any, oversight of quality assurance standards.

Moving to a more comprehensive smoke-free air law protects more residents as there is no safe level of exposure to second-hand smoke. Smoking causes disease and death. This bill promotes a policy that makes good public health sense and will result in savings in healthcare costs as well as an increase in employee productivity.

Thank you for consideration of our views on this bill.

Senate Bill 992 includes three statutory changes that will improve the functions of the Office of Healthcare Access.

Section 1 would require that the state's private, non-profit care hospitals file their IRS Form 990 on an annual basis with OCHA.

Section 2 eliminates the exception to OCHA's civil penalty statutes wherein a civil penalty cannot currently be applied to healthcare facilities or providers that fail to complete an inventory questionnaire.

And Section 3 defines the term, detailed patient bill, for purposes of Connecticut General Statute 19-a-681.

Finally, I want to express my support for House Bill 6521 AN ACT CONCERNING MEDICAL ORDERS OF LIFE-SUSTAINING TREATMENT, and I would like to personally thank all of the people who have so

REP. JOHNSON: Thank you, Madam Chair, and welcome, Commissioner. I have a couple of questions on the Senate Bill 992 and the request of the change making the non-profit hospitals submit their 990 forms. Could you just go into a little bit of detail about why that is, and what your vision is for that?

COMMISSIONER JEWEL MULLEN: I can, but actually in my efforts to support the work of Kim Martone, who directs the Office of Health Care Access, would actually like her to tell you with more specificity why this is important.

REP. JOHNSON: Very good, thank you.

SENATOR GERRATANA: Welcome, and please state your name for the record.

KIMBERLY MARTONE: Hi. Good morning, Senator Gerratana, Representative Johnson and distinguished Members of the Public Health Committee. I'm Kimberly Martone. I'm the Director of the Office of Healthcare Access.

Could you just repeat your question to make sure I answer it specifically?

REP. JOHNSON: Certainly. I'm interested in the change making the non-profit hospitals submit their 990 forms.

KIMBERLY MARTONE: Well, it really isn't a change because the acute care hospitals in Connecticut, the majority of them currently do submit their 990s to the Office of Healthcare Access as part of their hospital budget filing, but it's on a voluntary basis.

And part of that 990 is a Schedule H, which will contain the community needs assessments done by the hospitals.

So as much as are currently submitted, we want to make sure that all of them continue to be submitted and that it's a complete filing for the hospitals.

Our ultimate goal is to be able to look at that, or have access to that data that's contained in the assessment for all the hospitals so that we can look at it in terms of a statewide perspective on how all the hospitals are working with their communities and then ultimately taking that data and applying it to our statewide facility plan, which we have to look at vulnerable populations. We have to identify gaps in services throughout the State of Connecticut.

So that is how we would like to utilize that information.

REP. JOHNSON: Have you been doing that with the existing system, and do you have a report on that as well?

KIMBERLY MARTONE: No, because the community needs assessment, as you know, that has to be done according to the ACA, so this August will be the first time that we'll be receiving those assessments.

REP. JOHNSON: Okay. Thank you. Thank you so much.

KIMBERLY MARTONE: You're welcome.

REP. JOHNSON: Go ahead.

COMMISSIONER JEWEL MULLEN: I want to add something else to that, which is that I've had the opportunity to hear --

SENATOR GERRATANA: State your name again, so that, I'm sorry.

COMMISSIONER JEWEL MULLEN: Commissioner Mullen, Jewel Mullen, Department of Public Health.

SENATOR GERRATANA: Actually, Miss Martone, I have questions for you. I'm sorry, Commissioner.

COMMISSIONER JEWEL MULLEN: A number of hospitals, you know, when I've gone out to regional business council meetings, chamber meetings, where hospitals have been present, have, I think with a good degree of pride let me know about the collaborations that they engaged in with local health departments and community-based organizations to conduct their needs assessments.

And that's very logical, because I believe the Affordable Care Act, you know, pretty explicitly states that the needs assessments need to be done in conjunction with community providers.

So in terms of closing the loop, it seems pretty logical to me that the same people who participated in gathering the information might want to see what the result is, because ultimately, through the Affordable Care Act, community health needs assessments are another way to help ensure that population health and individual health is addressed from the ground up at the same time that it's addressed just by direct medical care.

REP. JOHNSON: Thank you so much. You had some questions.

SENATOR GERRATANA: I did, and I'm sorry. My computer just crashed. Here we go.

I actually wanted to know, Miss Martone, looking at the bill, the 990 form, that is the federal tax form, is that not available now, or is not submitted to you?

KIMBERLY MARTONE: It is. It's on a voluntary basis.

SENATOR GERRATANA: I see. So you're going from a voluntary basis to making it mandatory.

KIMBERLY MARTONE: Correct.

SENATOR GERRATANA: Ah. Okay. And there was one more question. The data that you would like to have submitted, is this data that hospitals collect already through their (inaudible) system or --

KIMBERLY MARTONE: In terms of the community needs assessment?

SENATOR GERRATANA: Yes.

KIMBERLY MARTONE: My understanding is that the hospitals are currently performing these assessments, so they're not submitted to the office at this point. I don't think it's available to the (inaudible). That's not my understanding.

SENATOR GERRATANA: Okay. I wasn't sure. I haven't seen that collection system and I wasn't sure if that was ancillary to it.

So this would be another requirement for hospitals to do and you understand that they already collect this data, or actually do this assessment, I should say.

KIMBERLY MARTONE: Yes. I think they're all currently conducting this assessment and they will be collecting the data and summarizing it and making it available. But my understanding is it will be in a summary format, which, you know for us looking at the data, is what we're looking to do, to be able to apply it to our plan.

SENATOR GERRATANA: And why do you need this data?

KIMBERLY MARTONE: It's, we don't collect out-patient data at this point in time, and so we only have in-patient hospital data, and this really will help us look at it, the full scope of services, and really be able to look at out-patient services as well in the community, and what really the hospitals are looking at and identifying our gaps in services.

I think that's helpful for the state to know how hospitals and communities are working together to identify gaps. Therefore, we could look at that same information, and we can apply it, you know, to all, the role that OCHA has.

SENATOR GERRATANA: Thank you for that. I don't have any further questions. Representative Johnson has one follow up.

REP. JOHNSON: Thank you so much. This is just following up on the compilation of the data. Is this also used to bolster the claims for the nonprofit status of the hospitals? Can information be used with respect to that?

KIMBERLY MATRONE: Potentially, yes, absolutely. In looking at the for profit conversions, we have to look at, well ensure access to services for the vulnerable populations and the under-insured and the uninsured.

REP. JOHNSON: And with respect to providing free services and those types of things, and how much loss each hospital has from the provision of free service with reimbursement from the uncompensated care fund, is that part of the analysis?

KIMBERLY MARTONE: You know, honestly, from what I've seen, I don't think the federal government has a prescribed format yet for the community needs

assessment, so I'm not really sure all the elements that are contained in it.

REP. JOHNSON: It would be good to take a look at that as time moves forward, because I think that those are questions that we shall have answers to as we move forward.

KIMBERLY MARTONE: Absolutely. So in August, I think we'll have a better idea.

REP. JOHNSON: Great. Thank you so much.

KIMBERLY MARTONE: You're welcome.

REP. JOHNSON: Thank you, Madam Chair.

SENATOR GERRATANA: You're welcome. Representative Srinivasan, followed by Representative Ziobron.

REP. SRINIVASAN: Thank you, Madam. Thank you, Madam Chair. Good morning, Commissioner. It's good to see you see you here again.

If I may, on Senate Bill 848, the vaccine program, as I see that, requires three additional staff to implement the staff vaccine program.

Could you enlarge on the duties of these three people that you're planning to hire?

COMMISSIONER JEWEL MULLEN: I can, but I can also have someone from the vaccine program come forth.

MICHAEL BOLDUC: Good morning. I'm Mick Bolduc from the Connecticut Vaccine Program. Do you have specific questions on what their duties would be?

REP. SRINIVASAN: Thank you for being here this morning. If you could begin by just giving us an overview of what the duties will be of the three people that you're going to hire, three new

**JOINT  
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**PUBLIC  
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3066-3376**

**2013**



**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Friday, March 15, 2013**

**SB 992, An Act Concerning Various Revisions To The Office Of  
Health Care Access Statutes**

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning **SB 992, An Act Concerning Various Revisions To The Office Of Health Care Access Statutes**.

Before outlining our concerns, it's important to detail the critical role hospitals play in the health and quality of life of our communities. Connecticut hospitals are more than facts and figures, and dollars and cents. Hospitals, at their core, are all about people. All of our lives have, in some way, been touched by a hospital: through the birth of a child, a life saved by prompt action in an emergency room, or the compassionate end-of-life care for someone we love. Or perhaps our son, daughter, husband, wife, or friend works for, or is a volunteer at, a Connecticut hospital.

Hospitals provide care to all people regardless of their ability to pay. Connecticut hospitals are the ultimate safety net providers, and their doors are always open.

SB 992 requires not-for-profit hospitals to submit to the Office of Health Care Access (OHCA) a copy of their most recently completed Internal Revenue Service Form 990, their most recent Community Health Needs Assessment (CHNA), and data related to the CHNA. The bill authorizes OHCA to fine hospitals and other providers for failure to comply with OHCA's inventory questionnaire, as required by Section 19a-634. As well, the bill further defines a "detailed patient bill."

CHA opposes Section 1 of the bill, which would mandate that each 501(c)(3) tax-exempt hospital submit its federal tax Form 990 and most recent Community Health Needs Assessment (CHNA), as well as data related to the CHNA, to OHCA. We question the need for this mandate and respectfully request that the Committee delete Section 1 of the bill.

Connecticut hospitals have been submitting their Form 990s to OHCA for many years as part of the information provided to OHCA in hospitals' annual filings. CHA is not aware of any issues or problems related to hospitals providing such information to OHCA. This duplication of efforts is unnecessary and will cause confusion with respect to the submission of these forms and the annual filing.

With respect to the CHNAs, the submission requirements come directly from the *Patient Protection and Affordable Care Act* (Affordable Care Act), and are designed to further the goals of national healthcare reform. Although the federal rules for CHNAs are still evolving, and hospitals are focusing on the specifics of the submissions required by the IRS, we do know that the federal requirements mandate that CHNAs be made "**widely available**" to the public and, as such, there is no need to have them submitted to OHCA.

Section 2 would remove a provision in Section 19a-653 that clarified that healthcare facilities should not be subject to fines for failing to complete OHCA's facilities inventory questionnaire. Section 19a-634 requires OHCA to develop an inventory questionnaire to obtain the following information: (1) the name and location of the facility; (2) the type of facility; (3) the hours of operation; (4) the type of services provided at that location; and (5) the total number of clients, treatments, patient visits, and procedures or scans performed in a calendar year. Over the past year, OHCA, in collaboration with dedicated healthcare professionals from across the state, developed a Statewide Health Care Facilities and Services Plan, as well as a statewide inventory of all healthcare facilities. We applaud OHCA and its leadership for this significant achievement. Its development took more than a year and required **many** versions and levels of questionnaires and surveys be sent to hospitals and providers. Without stakeholder cooperation and input, this process would have taken far longer, and would not have yielded such a useful product. CHA is concerned that the threat of fines and penalties will harm the collaborative environment that was essential to creating the Statewide Health Care Facilities and Services Plan and the inventory, and is contrary to the overall goals of statewide health facilities planning. As such, CHA urges the Committee to delete Section 2 of the bill.

Section 3 seeks to redefine the level of detail that hospitals must include on patient bills to include in each line item a hospital's current pricemaster code, a description of the charge, and the cost of the charge. We are of course aware of the current, broad discussion concerning pricemaster and hospitals charges. Medical billing and coding is very complicated, and the fact that Medicare, Medicaid, and private insurers each pay and assess bills differently adds to the perpetual confusion that patients experience. We share the frustration many feel at the confusion surrounding billing and coding for hospital and other medical services, and we wish there were a way to simplify it. Unfortunately, with various mandated coding systems, and different rules for different insurance companies and government programs, it is not currently possible to capture all of the required information and still keep it simple. We believe that the changes sought in Section 3 will merely add to the confusion. Specifically, adding "cost of the charge" to patient bills will result in widespread confusion because of the number of variables that go into "cost of the charge." CHA recommends deleting the phrase "the cost of the charge" to reduce further confusion. Additionally, there are times when that information is not readily available, and cannot be processed by a hospital's electronic billing system, because it is dependent on the insurer or government program processing the charges.

Thank you for your consideration of our position.

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