



February 22, 2023

Testimony of Matt Barrett, President and CEO of the Connecticut Association of Health Care Facilities / Connecticut Center For Assisted Living (CAHCF/CCAL).

Good afternoon Senator Anwar, Representative McCarthy-Vahey, and to the distinguished members of the Public Health Committee. My name is Matt Barrett. I am President and CEO of the Connecticut Association of Health Care Facilities / Connecticut Center For Assisted Living (CAHCF/CCAL). CAHCF/CCAL is a one hundred and fifty member trade association of skilled nursing facilities and assisted living communities. Thank you for this opportunity to testify on several bills at today's public hearing.

S.B. No. 956 (RAISED) AN ACT REQUIRING DISCHARGE STANDARDS REGARDING FOLLOW-UP APPOINTMENTS AND PRESCRIPTION MEDICATIONS FOR PATIENTS BEING DISCHARGED FROM A HOSPITAL OR NURSING HOME FACILITY.

Section 2 of this bill adds to the skilled nursing facility minimum current discharge planning services rules by requiring that a written discharge plan prepared in consultation with the resident, or the resident's family or representative, and the resident's physician, must include, but not limited to, the date and location of each follow-up medical appointment scheduled prior to the resident's discharge and a list of all medications the resident is currently taking and will continue to take after the resident's discharge. The proposed bill also requires that whenever a discharge plan from a nursing home facility indicates that a resident will be discharged to the resident's home, the nursing home facility must transmit in an oral, written or electronic manner to the resident's pharmacy each prescription ordered for the resident prior to discharge that the resident will need after discharge.

These provisions are consistent with current rules and best practices concerning the reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter) and concerning post-discharge plans now developed concerning arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services.

Technical Amendment Recommendation:

Because the nursing home facility is not authorized to transmit a prescription to the pharmacy, we recommend that the language in the bill be revised to require the nursing home facility to advise the resident's prescriber (the physician or APRN), to transmit, any needed prescriptions, in an oral, written or electronic manner to the resident's pharmacy each prescription ordered for the resident prior to discharge that the resident will need after discharge.

S.B. No. 958 (RAISED) AN ACT CONCERNING THE TIMELY TRANSFER OF MEDICAL RECORDS BETWEEN HEALTH CARE INSTITUTIONS.

Section 1 of the bill would require health care institutions, such as hospitals and nursing homes, to, upon receipt of a patient-approved medical records request, transfer such patient's medical records to another institution (1) immediately, if such request is urgent, or (2) not later than twenty-four hours after such request is made, if such request is not urgent.

We are urging the committee to carefully review whether the provisions included in proposed S.B. No. 958 would duplicate and be confusing given the considerable amount of state and federal law now addressing the production of records, HIPAA, access to records, the anticipated implementation of Connecticut's health information exchange (Connie) later this year, and more. Specifically:

- There is a general requirement in Connecticut to produce records in 30 days upon patient request. C.G.S. 20-7c;
- HIPAA has the same requirement. 45 C.F.R. § 164.524
- Federal nursing home regulations require skilled nursing homes to give a resident access to their medical record with 24 hours or copies within 2 working days. Finally, upon discharge or transfer, SNFs must send with the resident at least the following information pursuant to federal regulations (42 C.F.R. 483.15). Information provided to the receiving provider must include a minimum of the following:
 - (A) Contact information of the practitioner responsible for the care of the resident
 - (B) Resident representative information including contact information.
 - (C) Advance Directive information.
 - (D) All special instructions or precautions for ongoing care, as appropriate.
 - (E) Comprehensive care plan goals,
 - (F) All other necessary information, including a copy of the resident's discharge summary, consistent with [§ 483.21\(c\)\(2\)](#), as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.

Moreover, we urge the committee to consider that sometimes the information being requested is hundreds of pages and there are other laws relating to highly sensitive information, (HIV, mental health) so a provider typically can't just send the information immediately. A more thoughtful and time-consuming process is required to assure compliance with these other rules.

Proposed H.B. No. 6298 AN ACT CONCERNING IMPROPER CARE OF PATIENTS BY NURSING HOMES.

This bill is also consistent with the substantial body of state and federal law now empowering state and federal regulators to take actions against the facility, including the imposition of substantial financial penalties for violating health care standards, however, the legislation is unnecessary for this reason. It should be noted that that severe penalties are now routinely imposed by the Connecticut Department of Public Health and the Centers for Medicare and Medicaid Services (CMS) for violations, and that these substantial remedies include the authority to close admissions to the facility, and even close the facility itself, impose nursing management in the facility, and to take action against the license of the administrator and the operator.

Thank you and I would be happy to answer any questions you may have.

For additional information, contact: Matthew V. Barrett, mbarrett@cahcf.org or 860-290-9424.

***PUBLIC HEALTH COMMITTEE
WEDNESDAY, FEBRUARY 22, 2023**

The Public Health Committee will hold a public hearing on **Wednesday, February 22, 2023 at 11:00 A.M.** in **Room 1D** of the LOB and via **Zoom**. The public hearing can be viewed via [YouTube Live](#). In addition, the public hearing may be recorded and broadcast live on [CT-N.com](#). Individuals who wish to testify must register using the [On-line Testimony Registration Form](#). The registration form must contain the name of the person who will be testifying. A unique email address must be provided for each person registered to speak. Registration will close on Tuesday, February 21, 2023 at 3:00 P.M. Speaker order of approved registrants will be listed in a randomized order and posted on the Public Health Committee website on Tuesday, February 21, 2023 at 6:00 P.M. under Public Hearing Testimony. If you do not have internet access, you may provide testimony via telephone. To register to testify by phone, call the Phone Registrant Line at 860-240-0569 to leave your contact information. Please submit written testimony using the [On-line Testimony Submission form](#). The Committee requests that testimony be limited to matters related to the items on the Agenda. The first hour of the hearing is reserved for Legislators, Constitutional Officers, State Agency Heads and Chief Elected Municipal Officials. Speakers will be limited to three minutes of testimony. The Committee encourages witnesses to submit a written statement and to condense oral testimony to a summary of that statement. All public hearing testimony, written and spoken, is public information. As such, it will be made available on the CGA website and indexed by internet search engines.

SUBJECT MATTER: Public Health Related Bills