

Public Health Committee

JOINT FAVORABLE REPORT

Bill No.: SB-7

AN ACT CONCERNING PROTECTIONS FOR ACCESS TO HEALTH CARE
AND THE EQUITABLE DELIVERY OF HEALTH CARE SERVICES IN THE

Title: STATE.

Vote Date: 3/27/2025

Vote Action: Joint Favorable Substitute

PH Date: 3/24/2025

File No.:

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SPONSORS OF BILL:

The Public Health Committee.

REASONS FOR BILL:

This bill provides for the following:

- Establishes in law the amount of fluoride that water companies must add to water.
- Allows the Department of Public Health (DPH) to set up an advisory committee to handle matters related to the Centers for Disease Control (CDC) and the federal Food and Drug Administration (FDA).
- Prohibits health care entities from limiting a provider's ability to provide medically accurate information on reproductive or gender-affirming issues.
- Prohibits hospital emergency departments from restricting a provider from providing emergency services, including reproductive health care.
- Incorporates the federal Emergency Medical Treatment and Labor Act (EMTALA) into state law.
- Creates a safe harbor account to give grants to providers of reproductive and gender-affirming health care services for people who come to Connecticut to access these services.
- Declares opioid use a public health crisis and requires the Alcohol and Drug Policy Council to convene a working group to set goals to address this issue.
- Requires the state Department of Education (SDE) to create a pilot program in priority school districts to enhance mental health and behavioral awareness using an online tool.

- Creates an account with \$5 million for DPH to communicate with the public during a public health crisis.
- Creates an account with \$30 million to address unexpected shortfalls in public health funding.
- Creates a DPH licensure program for hospital administrators.
- Requires physicians, Advanced Practice Registered Nurse (APRNs) and Physicians Assistants (PAs) who regularly treat patients with epilepsy to give them information on sudden unexpected death (SUDEP).

The bill also makes the following changes:

- Gender identity or expression is recognized as protected class.
- The safe harbor account can only use funds from private sources.
- Requires the State Department of Education (SDE) to consult with the Department of Children and Families (DCF) rather than the Department of Mental Health and Addiction Services (DMHAS) for the school pilot program.
- Makes other minor technical changes.

The substitute language removes from the bill the following:

- Adding injection and infusion services to the list of outpatient services that cannot charge a facility fee.
- The Health Care Cabinet to study the feasibility of regulating stop loss insurance policies.
- A current provision favoring the approval of a CON application for certain physicians group practice ownership transfers.

RESPONSE FROM ADMINISTRATION/AGENCY:

Manisha Juthani, Commissioner, the Department of Public Health (DPH):

The commissioner expressed the following regarding the sections pertaining to DPH:

- DPH supports section 1 of the bill regarding oral health.
- Regarding section 2, DPH already collaborates with subject matter experts in Connecticut and across the country on issues involving the CDC and the FDA and additional language is not needed at this time.
- Regarding section 4, DPH requests additional clarity on the enforcement mechanism for this section.
- In sections 5 through 12, although DPH supports a state level EMTALA policy, the department still has concerns over the proposed language.
- In section 7, DPH agrees with this provision but requests that language be added to allow an exception regarding transfers or discharges if there is a public health emergency.
- In section 9, while DPH agrees with this communication policy, the department does not support the language that this communication be a condition of licensure.
- In section 10, the bill is not clear on what DPH is to do with this information.

- DPH believes that section 11 is unnecessary, as it describes their existing authority to investigate and enforce potential violations of state law and regulation.
- DPH appreciates sections 24-27 for highlighting the importance of funding for public health given the threats on the federal level.
- Regarding sections 28 through 31 creating a new licensure category for hospital administrators will require funding for the department not included in the Governor's proposed budget. In addition, adding this new licensure will create more confusion and inefficiencies in the regulation and operation of hospitals. DPH opposes these sections.

Nancy Navarretta, Commissioner, the Department of Mental Health, and Addiction Services (DMHAS):

DMHAS is committed to addressing the issue of opioid use disorder in the state. While significant progress has been made, the department continues to address this issue. The department would appreciate the opportunity to engage with the proponents to explore whether there might be alternative mechanisms to measuring progress that could complement or enhance the existing methods currently in use.

Diedre Gifford, Commissioner, Office of Health Strategy (OHS):

OHS supports section 3 of the bill to improve billing transparency and to reduce facility fees. OHS cannot support section 14 because insurance regulation is not within the statutory mandate or skills and expertise of the OHS staff. Outside consultants would need to be hired and this would require additional funding not proposed in the Governor's budget. The commissioner noted that nearly all transfers of ownership of large group practices in recent years have escaped review by the state. OHS supports section 15 which includes additional oversight of such transfers.

William Tong, Office of the Connecticut Attorney General (OAG):

Attorney General Tong points out that states that have enacted a state-level EMTALA have a greater ability to protect the health and welfare of patients in their states. He also supports preventing health care entities from punishing providers for providing medically accurate and appropriate information to their patients including counseling concerning reproductive and gender-affirming health care.

Erick Russell, Connecticut State Treasurer:

The Connecticut Safe Harbor Fund would assist individuals with the collateral costs associated with traveling to Connecticut to access reproductive and gender-affirming care in our state. The right to make and access healthcare should not be determined by where you live or how significant your resources.

Martin Looney, President Pro Tempore, Connecticut General Assembly:

Sen. Looney pointed out that with the ever-growing changes on the federal level and within the U.S. Department of Public Health, it is important for our state to be prepared for any type of public health emergency. He also supports a study to regulate stop-loss policies. These plans are an end-run around the requirements to cover essential health benefits. Sen. Looney also supports the establishment of a pilot program that addresses mental awareness and behavioral health for our younger residents.

Bob Duff, Senate Majority Leader, Sen. Ceci Maher, Sen. Christine Cohen, Sen. Martha Marx, and Sen. Julie Kushner, (CGA):

The above Senators submitted testimony echoing the comments of Sen. Looney.

NATURE AND SOURCES OF SUPPORT:

Danielle Berriault, RN, Vice President of the American Federation of Teachers Connecticut (AFTCT):

Ms. Berriault supports the language in the bill pertaining to health care administrators holding a license. She pointed out that workplace violence against healthcare workers has received national attention in recent months. According to a national study by the US Bureau of Labor Statistics, the healthcare and social assistance sectors experienced the highest rates of workplace violence from 2021 to 2022 compared to other sectors. Nearly 73% of all cases occurred in private industry. AFTCT believes that there is no nursing shortage. However, there is a shortage of nurses willing to work at the bedside under the current conditions. The current conditions are fixable if we hold health care administrators to a higher standard.

Ed Hawthorne, CT American Federation of Labor, (AFL-CIO):

The AFL-CIO supports this bill, not just because it is good policy, but because it represents a vision for a better, fairer healthcare system in Connecticut and creates a system that serves patients, respects workers, and prioritizes care over profit.

The following submitted testimony in support of the bill as expressed above:

- Liz Dupont-Diehl, CT Citizens Action Group (CCAG)
- Jess Zaccagnino, American Civil Liberties Union (ACLU-CT)

Amale Hawi, Pharmaceutical Scientist. Ridgefield CT:

Ms. Hawi supports this bill that will strengthen our state's commitment to Connecticut families by protecting safe and healthy drinking water, tackling opioid use disorder in our schools, and outlawing discrimination in healthcare. In addition, she supports the creation of an independent advisory board to provide our government with specific expertise, and the

allocation of funding to emergency response and protecting healthcare access for our most vulnerable neighbors.

35 Additional pieces of testimony were submitted in support of the bill.

NATURE AND SOURCES OF OPPOSITION:

Connecticut Hospital Association (CHA):

CHA opposes the following in SB 7:

- Section 3 would result in the loss of tens of millions in hospital revenue at a time when hospitals across the state are experiencing extraordinary financial challenges. This would also disrupt patient care and access to services.
- Section 4 does not fill the gaps or threats created by federal-level developments, but instead creates a foothold for those who may place their own views above everything else, including patient choice.
- Section 5-13 are duplicative of federal law and are both problematic and unnecessary. Hospitals already comply with federal EMTALA regulations, and these provisions would place additional burdens on hospitals to comply with state specific requirements. Furthermore, patients can already file claims of EMTALA violations under existing federal law.
- Section 14 would undermine the use of stop-loss policies and CHA asks the committee to consider the potential increased costs related to additional legislative and regulatory action.
- Sections 15-18 should be rejected because repealing the current statutory language could have a detrimental impact on healthcare access.
- Sections 28-32 provides for the licensure of healthcare executives. The entire hospital-related healthcare system would be negatively impacted upon implementation because the proposal imposes unworkable pre-conditions for hundreds, if not thousands, of disparate hospital-based professionals who currently serve in managerial roles with a level of oversight for clinical staff at every hospital in the state. Passage of these sections will substantially increase operating costs, create a workforce crisis, threaten to halt hospital operations statewide, and place significant added burdens on the DPH to administer.

The following submitted testimony echoing the comments of CHA:

- Jacqueline Blake, Yale New Haven Health System.
- Vincent Capece, President and CEO, Middlesex Health.
- Christian Petersen, Connecticut Childrens.

Connecticut Medical Society (CSMS):

The CSMS opposes sections 30 and 31. In addition, they oppose section 33 which seeks to legislate physician practices regarding the discussion of Sudden Unexpected Death in Epilepsy (SUDEP). The legislature should not dictate medical practice in this manner.

Eric George President, Insurance Association of Connecticut (IAC):

The IAC opposes section 14 of the bill. Stop-loss insurance is necessary when small and medium sized employers self-insure because it acts as a financial backstop for claims above a certain dollar amount and caps the upper limit of what an employer will have to pay out-of-pocket for unforeseen high claims. A self-funded plan is often less expensive than a fully insured product and allows an employer to tailor benefits and incentives specifically to the needs of its employees. Self-funding benefits, with the addition of a stop-loss policy, can offer employers a greater degree of cost predictability and control. Stop-loss insurance is already strictly regulated by the Connecticut Insurance Department and no stop loss policy may be issued or delivered unless it has been approved by the insurance commissioner.

The following submitted testimony opposing section 14 regarding stop-loss insurance policies with comments like those expressed above:

- Middlesex Chamber of Commerce.
- CBIA Connecticut Business and Industry Association.
- Brooks Goodison, President, Diversified Group Brokerage Corp.
- Michael Ferguson, President and CEO, Self-Insurance Institute.
- Sue Halpin, CT Association of Health Plans.
- Jill Richard, VP, ACLI.

Leslie Wolfgang, Director of Public Policy, Family Institute of Connecticut:

The Institute has concerns with the safe harbor account as the language concerning its creation states that the money will come "as directed by law". This could include any part of the \$30 million from the emergency public health account since there are few guardrails or restrictions on how the \$30 million could be spent. Family Institute is also deeply concerned with the numerous provisions aimed at impeding Connecticut's Catholic Hospitals from pursuing their mission.

The following submitted testimony in opposition to Section 19 of the bill creating the Safe Harbor Fund and believe that its implementation would use taxpayer money.

- Michael J. Daley.
- 50 citizens across Connecticut submitted testimony against creation of the fund.

Reported by: Kathleen Panazza

Date: April 3, 2025.