CONNECTICUT HOSPITAL ASSOCIATION

TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
COMMITTEE ON CHILDREN
Tuesday, February 28, 2017

HB 7113, An Act Concerning Prenatal Opioid And Opiate Exposure

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 7113, An Act Concerning Prenatal Opioid And Opiate Exposure**. CHA is prepared to support this bill as a component of a comprehensive statewide strategy to ensure that Connecticut is addressing the needs of substance exposed infants. We offer certain clarifications to the bill, as outlined below.

Before commenting on the bill, it's important to point out that Connecticut hospitals provide high quality care for everyone, regardless of ability to pay. Connecticut hospitals are finding innovative solutions to integrate and coordinate care to better serve patients and communities, as well as achieve health equity. These dynamic, complex organizations are working to build a healthier Connecticut. That means building a healthy economy, community, and healthcare system. By investing in the future of Connecticut's healthcare and hospitals, rather than continuing to cut away at them, we will strengthen our economy, put communities to work, and deliver affordable care that Connecticut families deserve.

Under the Child Abuse Prevention and Treatment Act (CAPTA) (Public Law 93-247), all states are required to track and monitor the numbers of substance exposed infants and to adopt specific strategies for addressing their needs and those of their families, with the goal of ensuring that these families have plans in place for optimal success. Specifically, the law requires that states have policies and procedures such that healthcare providers shall inform the child protective system when an infant has been substance exposed, and that a plan of care for the substance exposed infant shall be developed.

CHA and representatives of several Connecticut hospitals have been working as members of a multi-agency, multi-functional working group operating under the leadership of the state Department of Children and Families (DCF) to offer recommendations and feedback to yield the best possible outcomes for this vulnerable population. We are proud to have been asked to engage in this and other projects, and look forward to continuing our work with the state.

Section 1 of the bill would create a new subsection "(c)" in C.G.S. §17a-101g, adding to the DCF investigation requirements for "high-risk newborns." The new subsection indicates that "the prenatal care received by such newborn's mother, if such information is available" must be included in the investigation.

CHA assumes that the department and the legislature will make strenuous efforts to protect the medical privacy rights of these mothers, as a failure to do so would be highly concerning.

As a related point, we are concerned that the language is insufficiently clear to require providers to share the mother's records with the department. Absent a mandate that meets the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as federal substance abuse treatment confidentiality laws, it is not evident what records the department would be able to access – and which should remain confidential. We urge you to make the bill more precise to avoid confusion and potential privacy violations.

Additionally, with respect to **Section 2**, CHA is concerned that in the effort to emphasize the importance of reporting newborns that have likely been exposed to opiates, there could be confusion about the continued mandate to make good faith reports for *any* newborn when a mandated reporter believes the infant is compromised or in potential danger. To avoid that confusion, we ask that language be added to make evident that nothing in the new wording about "high risk newborns" is intended to reduce the need to make good faith reports about newborns for any reason that meets the requirements set forth in C.G.S. §17a-101a or elsewhere in Chapter 319a.

CHA recommends the following specific changes to the definition of the term "High-risk newborn" in **Section 2(a)(2)** of the bill. We ask that the word "and" be changed to the word "or" between subsections (A) and (B) of the bill. We also ask that the current subsection (B) which states "has a mother who was not prescribed an opioid or opiate by a prescribing practitioners, as defined in section 20-57" be deleted, and that the following phrase be inserted therefor: "the newborn displays signs or symptoms of neonatal abstinence syndrome."

On a related and positive note, we are pleased to report that CHA is embarking on an initiative to be known as the Neonatal Abstinence Syndrome Comprehensive Education and Needs Training (NASCENT) project. Project NASCENT is an approach to decreasing the occurrence of Neonatal Abstinence Syndrome (NAS), while improving the lives of women and families in the Hartford region. As you know, NAS is the terminology used to treat babies who are born addicted to opiates and then endure withdrawal.

The project will be focused on Hartford County's physician offices and seven hospitals, including Connecticut Children's Medical Center, Hartford Hospital, Johnson Memorial Hospital, Manchester Memorial Hospital, Rockville General Hospital, Saint Francis Hospital and Medical Center, and UConn John Dempsey Hospital.

Project work will consist of assessing current opioid ordering practices, evaluating provider and office practice knowledge of opioid addiction and NAS, providing education to respond to learning opportunities, and measuring post-education competency. Providers participating in Project NASCENT will include obstetricians, pediatricians, family practitioners, internists, orthopedic surgeons, neurologists, emergency department practitioners, physician assistants, and nurse practitioners. Other clinicians who interact with patients at risk will be included as well, such as nurses, physical therapists, and imaging technicians.

An Advisory Committee has been formed to provide evidence-based collaboration, data-sharing, and to promote accountability and direction for project activities. Representatives of state agencies will be participating as members of the Advisory Committee.

Finally, The Curtis Robinson Center for Health Equity will work with patients to address social determinants of health, cultural competence, and patient-centered care. They will conduct focus groups to ensure these needs are met and to solicit patients to participate in the Advisory Committee.

CHA is presently exploring funding opportunities that will enable us to extend this work both statewide and to other Connecticut communities, such as New Britain and Stamford.

The combination of agency initiatives such as the CAPTA stakeholders group and clinical initiatives such as Project NASCENT are components of a broader statewide strategy to reduce the impact of substance abuse on newborns and their families. These initiatives also demonstrate the willingness of hospitals to engage in multi-sector collaboration with the state to address this problem.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.