



CONNECTICUT  
HOSPITAL  
ASSOCIATION

**TESTIMONY OF  
CONNECTICUT HOSPITAL ASSOCIATION  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Friday, March 11, 2011**

**HB 6545, An Act Concerning The Provision Of  
Prophylactic And Emergency Care To Hospital Patients**

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning **HB 6545, An Act Concerning The Provision Of Prophylactic And Emergency Care To Hospital Patients**. CHA strongly supports the bill.

One important – arguably, the most important – positive lesson of the last decade of quality improvement advancements and medical research is that reliance on well-tested best practices, coupled with timely care, saves lives, improves outcomes, and increases patient safety. For example, we have learned the critical importance of immediate cardiac intervention, where even a few minutes makes a difference to survival; we have observed the remarkable differences in patient outcomes when infection control checklists are used with respect to surgeries; and we have realized significant health advantages for maintaining healthy newborns by providing a standardized regimen of vitamins and prophylactics.

HB 6545 seeks to encourage these types of quality improvements by eliminating a possible barrier in Connecticut that, if not removed, would place us far behind generally accepted medical principles. The bill would allow hospitals to utilize protocols and policies, sometimes known as “standing orders,” after an assessment for contraindications. Such orders would need to be in accordance with a physician-approved hospital policy; used for care that is emergent, timely and necessary or to advance patient care; and, only as permitted by 42 CFR Part 482, the CMS Medicare Conditions of Participation for hospitals.

CMS has recently clarified its endorsement of the use of standing orders in a communication to the American Academy of Pediatrics (AAP). The communication was in response to an AAP request that CMS clarify the rule on standing orders, because many in the provider community, and many state oversight agencies, were under the mistaken impression that standing orders were not permitted.

In its October 2010 letter to AAP, CMS Chief Medical Officer and Director of the Office of Clinical Standards and Quality, Dr. Barry Straube, explained CMS's support for standing orders as follows:

“...The nationally recognized guidelines and recommendations for [administration of newborn orders] are a prime example of the type of evidence-based medicine that CMS hopes all hospitals are using to develop written protocols, treatment regimens, and orders (including standing orders) to enhance and optimize patient care.”

“Or the hospital may have a policy, approved by the medical staff, which allows for the initiation of an order set for a specific type of patient...provided that the order set is reviewed and authenticated by the responsible practitioner as soon as possible after its initiation.”

HB 6545 will remove any confusion for providers, and for DPH, as to whether Connecticut supports standing orders, and in so doing, move us forward to achieving better care outcomes.

The Connecticut College of Emergency Physicians, whose members staff the emergency departments of Connecticut's hospitals and know well the value of standing orders to effective patient care, also supports this legislation.

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

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