



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Monday, February 26, 2024**

SB 181, An Act Concerning Emergency Department Crowding

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 181, An Act Concerning Emergency Department Crowding**. While CHA has consistently demonstrated its support of efforts to address emergency department overcrowding, we must oppose SB 181 for the reasons set forth below.

Connecticut hospitals are critical to their communities. They are confronting the challenges posed by a post-pandemic healthcare system with an exemplary healthcare workforce that continues to provide outstanding care. But challenges remain. Hospitals are treating sicker patients, it continues to be challenging to hire and retain staff, and the financial headwinds are grave. Through it all, hospitals are steadfast, providing high-quality 24-hour care for everyone who walks through their doors, focusing on making Connecticut's healthcare system more equitable, and driving world-class innovation right here in Connecticut.

Frontline healthcare workers in hospital emergency departments (EDs) risked their lives providing care during the most physically and emotionally demanding situations in a generation. EDs were the first stop for patients suffering from COVID-19 and often the only available option for patients suffering from other medical and behavioral health conditions who did not otherwise have access to primary or clinical care. As the number of acute COVID-19 cases plateaued and then abated, many patients presented with higher-acuity medical conditions, requiring more care for longer periods of time. Further compounding the problem, the healthcare system is facing a severe shortage of staff throughout the healthcare system.

These circumstances brought our EDs to a crisis point in terms of their ability to meet the demand for patient care with available staff. Connecticut's healthcare safety net has been on the verge of breaking as EDs often become gridlocked with patients waiting to be seen by an emergency medicine clinician or specialist, waiting for admission to an inpatient bed in a hospital, or waiting to be transferred to a psychiatric, skilled nursing, or other facility. ED overcrowding is not a cause but rather a symptom of current challenges and deficiencies in the healthcare continuum. The reasons why EDs are overcrowded is multifactorial and do not differentiate among patients based on their condition, age, insurance coverage, income, or place of residence.

Last year, the Connecticut General Assembly acknowledged this crisis and enacted **Public Act 23-97, An Act Concerning Health And Wellness For Connecticut Residents**. This comprehensive healthcare legislation included a requirement that the Commissioner of the Department of Public Health (DPH) convene a working group to advise the department on ways to ease ED crowding. CHA supported this section of Public Act 23-97. We were grateful that the legislature accepted our request to include emergency medicine clinicians, including physicians, nurses, and social workers, currently practicing in a Connecticut ED as members of the working group.

DPH has assembled an impressive array of experts to address the important tasks that the legislature instructed them to complete in a relatively compressed timeframe. The working group (ED Crowding Working Group) must report their recommendations to this Committee on or before January 31, 2025.

SB 181 requires DPH to collect and evaluate data concerning each hospital emergency department in the state from the previous year.

We know the creation of emergency care, quality measures and data collection is an extraordinarily complicated and resource-intensive undertaking. In fact, the Centers for Medicare and Medicaid Services has requested Yale New Haven Health's Center for Outcomes Research and Evaluation (YNHH CORE) to develop a quality measure that aims to reduce patient harm and improve outcomes for patients requiring emergency care in an emergency department. YNHH CORE recently sought comment on the first stage of the measure's development. CHA submitted comments expressing concerns that the measure may not take into account states with high volume emergency department utilization and highly dense urban areas, as well as the acuity of patients in highly dense urban areas.

The Emergency Department Working Group is also considering other issues relating to emergency department overcrowding, including prior authorization, and the impact of behavioral health services across the continuum.

We know the state has limited financial resources and CHA would appreciate the opportunity to understand the full array of recommendations prior to implementing a single recommendation. CHA urges you to afford the working group an opportunity to address issues as a whole relating to emergency department overcrowding and not proceed with a piecemeal approach to addressing the problem.

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