

**TESTIMONY OF  
YALE NEW HAVEN HEALTH SYSTEM  
SUBMITTED TO THE  
PUBLIC HEALTH COMMITTEE  
Wednesday, March 17, 2021**

**SB 1, An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic**

Yale New Haven Health System (YNHHS) appreciates the opportunity to submit testimony on **SB 1, An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to the Pandemic**.

Through Bridgeport, Greenwich, Lawrence & Memorial, Westerly and Yale-New Haven Hospitals, and their affiliated organizations, including the North East Medical Group, YNHHS provides access to high-quality, patient-centered care in collaboration with others who share our values. With a team of more than 6,000 medical staff, we offer our patients a range of healthcare services, including the most complex care available anywhere in the world.

YNHHS is opposed to nurse-patient ratios established by the state in Section 8 of SB 1.

Connecticut hospitals are committed to providing the highest quality care to achieve optimal patient outcomes. They are intensely engaged in building and sustaining organizational cultures of safety and employing high reliability strategies and evidence-based practices to prevent patient care complications and ensure the best patient experience. Healthcare providers at the bedside and not the government should be making important patient care decisions.

Nursing professionals at Connecticut hospitals continuously assess patient care needs and consider a wide range of factors that go beyond numbers and ratios to make staffing decisions. Some examples include patient-specific factors such as the severity and urgency of a patient's condition, age, cognitive and functional ability, scheduled procedures, and stage of recovery. Staff-specific factors such as licensure, educational preparation, skill level, years of experience, tenure on the patient unit, and level of experience with a particular type of patient care are considered. These elements are not captured by simply counting the total number of patients and the total number of staff at any level.

YNHHS also has concerns with Section 18 of SB 1. We are not opposed to reporting information about community benefits, as we have been for many years. However, we are opposed to the provisions in Section 18 that create significant new burdens on our workforce without clear public policy benefits.

Section 18 of the bill, among other things, require hospitals to provide an explanation of how each community investment addresses the needs of the community and to provide a description of available evidence that shows how each investment improves community health outcomes.

Our concern is that this language means that every community investment made by a hospital, for example, to local food pantries, local behavioral health programs, habitat for humanity, breast or prostate cancer screenings, local emergency medical technicians, or diabetes programs, will require a hospital to provide a detailed report on how each and every investment benefits the community and improves outcomes.

Hospitals engage in a process to assess the needs of the community and then make investments according to that assessment. Detailed reports are produced that describe the results of hospitals' community health needs assessments and the implementation strategies (i.e., Community Health Improvement Plans) that they carry with their community partners. The additional requirements in the bill add burden without any underlying public policy benefit.

YNHHS is also opposed to provisions in Section 18 that would give the Office of Health Strategy unilateral authority to mandate community benefits spending levels.

Section 4 of the bill requires DPH to study the state's response to the COVID-19 pandemic. YNHHS supports this section of the bill. A fundamental principle of emergency planning and response is to conduct a post review of an entity's preparedness for and response to a particular event. These reviews are commonly referred to as After Action Reports (AARs). AARs are important learning tools that, when done correctly, build response capabilities and efficiencies, and lead to improved processes and response outcomes. As an organization focused on quality outcomes, we see the state's undertaking of an AAR related to the COVID-19 pandemic as an important building block in fortifying the state's response to the next public health or other emergency. We urges the Public Health Committee not to impose any new regulatory requirements on hospitals as we are actively responding to this coronavirus pandemic and before the state completes an AAR.

Thank you for your consideration of our position.