



# Senate

General Assembly

**File No. 101**

January Session, 2023

Substitute Senate Bill No. 960

*Senate, March 16, 2023*

The Committee on Public Health reported through SEN. ANWAR of the 3rd Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

***AN ACT ESTABLISHING A WORKING GROUP TO EVALUATE EMERGENCY DEPARTMENT CROWDING.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (*Effective from passage*) (a) On or before July 1, 2023, the  
2 Commissioner of Public Health shall convene a working group to advise  
3 the commissioner regarding methods to alleviate emergency  
4 department crowding and the lack of available emergency department  
5 beds in the state, including, but not limited to, the following:

6 (1) The establishment of a quality measure for the timeliness of the  
7 transfer of an emergency department patient, who will be admitted to  
8 the hospital, out of the hospital's emergency department;

9 (2) The establishment of emergency department discharge units to  
10 expedite the discharge of patients from the emergency department;

11 (3) (A) An evaluation of the percentage of emergency department  
12 patients who are held in the emergency department after being  
13 admitted to the hospital and while waiting for an inpatient bed to

14 become available, and (B) the development of a plan to decrease such  
15 percentage; and

16 (4) The reduction in liability for hospitals and their emergency  
17 physicians when patient crowding of a hospital's emergency  
18 department has reached the point of causing significant wait times for  
19 patients seeking emergency department services.

20 (b) The working group convened pursuant to subsection (a) of this  
21 section may include, but need not be limited to, the following members:  
22 (1) Two physicians licensed pursuant to chapter 370 of the general  
23 statutes representing the Connecticut chapter of a national organization  
24 of emergency physicians; (2) two emergency physicians licensed  
25 pursuant to chapter 370 of the general statutes, one of whom shall be the  
26 director of the emergency department of a larger hospital system in the  
27 state, and one of whom shall be the director of the emergency  
28 department of an independent community hospital; (3) one primary  
29 care physician licensed pursuant to chapter 370 of the general statutes;  
30 (4) two representatives of a hospital association in the state; (5) one  
31 representative of a medical society in the state; (6) one representative of  
32 a national organization of physicians; (7) one representative of the  
33 Connecticut chapter of a national organization of pediatric physicians;  
34 (8) one representative of the Connecticut chapter of a national  
35 association of psychiatrists; (9) one representative of a national  
36 association of nurses; (10) two nurses licensed pursuant to chapter 378  
37 of the general statutes, one of whom shall be the nurse director of the  
38 emergency department in a larger hospital system, and one of whom  
39 shall be the nurse director of the emergency department in an  
40 independent community hospital; (11) one licensed health care provider  
41 working in an urgent care center in the state; (12) two patient care  
42 navigators, one of whom shall be employed by a larger hospital system,  
43 and one of whom shall be employed by an independent community  
44 hospital; (13) one representative of hospital patients in the state; (14) one  
45 provider of emergency medical transportation services in the state; (15)  
46 one representative of a national association of retired persons; (16) the  
47 Healthcare Advocate, or the Healthcare Advocate's designee; (17) the

48 Commissioner of Mental Health and Addiction Services, or the  
 49 commissioner's designee; (18) the Commissioner of Children and  
 50 Families, or the commissioner's designee; (19) one representative from  
 51 the Department of Public Health's Office of Emergency Medical  
 52 Services; (20) one representative from the Department of Public Health's  
 53 facilities licensing and investigations section; and (21) one  
 54 representative of the Office of the Long-Term Care Ombudsman. The  
 55 chairpersons of the working group shall be one of the physicians  
 56 representing the Connecticut chapter of a national organization of  
 57 emergency physicians and one of the representatives of a hospital  
 58 association in the state, who shall be selected by the Commissioner of  
 59 Public Health. Once selected, the chairpersons of the working group  
 60 may convene the first meeting of the working group whether or not any  
 61 other members of the working group identified in subdivisions (1) to  
 62 (21), inclusive, of this subsection have been selected by the  
 63 Commissioner of Public Health. If said commissioner has not selected  
 64 any member of the working group described in said subdivisions on or  
 65 before August 1, 2023, the cochairpersons may jointly select such  
 66 member. The first meeting of the working group shall be held not later  
 67 than December 1, 2023. The working group shall meet biannually and  
 68 at other times upon the call of the cochairpersons.

69 (c) On or before January 1, 2024, and annually thereafter until January  
 70 1, 2025, the working group shall report its findings and  
 71 recommendations to the Commissioner of Public Health and, in  
 72 accordance with the provisions of section 11-4a of the general statutes,  
 73 to the joint standing committee of the General Assembly having  
 74 cognizance of matters relating to public health.

|   |                     |             |
|---|---------------------|-------------|
| This act shall take effect as follows and shall amend the following sections: |                     |             |
| Section 1   | <i>from passage</i> | New section |

**PH** Joint Favorable Subst.

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*The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.*

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**OFA Fiscal Note**

**State Impact:**

| Agency Affected      | Fund-Effect | FY 24 \$ | FY 25 \$ |
|----------------------|-------------|----------|----------|
| Public Health, Dept. | GF - Cost   | 12,500   | 12,500   |

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

The bill, which requires the Commissioner of Public Health to convene a working group to advise the Commissioner on methods to alleviate emergency department crowding and the lack of available emergency department beds, results in a cost to the agency of \$12,500 in both fiscal years for medical consultant services. These services are needed to administer the working group, collect and collate metrics, and complete annual reports to the General Assembly.

**The Out Years**

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.



**OLR Bill Analysis**

**sSB 960**

***AN ACT ESTABLISHING A WORKING GROUP TO EVALUATE  
EMERGENCY DEPARTMENT CROWDING.***

**SUMMARY**

The Office of Legislative Research does not analyze Special Acts.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 35 Nay 0 (03/03/2023)