

Substitute Bill No. 960

January Session, 2023



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
- 3 advise 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

department has reached the point of causing significant wait times for patients seeking emergency department services.

(b) The working group convened pursuant to subsection (a) of this section may include, but need not be limited to, the following members: (1) Two physicians licensed pursuant to chapter 370 of the general statutes representing the Connecticut chapter of a national organization of emergency physicians; (2) two emergency physicians licensed pursuant to chapter 370 of the general statutes, one of whom shall be the director of the emergency department of a larger hospital system in the state, and one of whom shall be the director of the emergency department of an independent community hospital; (3) one primary care physician licensed pursuant to chapter 370 of the general statutes; (4) two representatives of a hospital association in the state; (5) one representative of a medical society in the state; (6) one representative of a national organization of physicians; (7) one representative of the Connecticut chapter of a national organization of pediatric physicians; (8) one representative of the Connecticut chapter of a national association of psychiatrists; (9) one representative of a national association of nurses; (10) two nurses licensed pursuant to chapter 378 of the general statutes, one of whom shall be the nurse director of the emergency department in a larger hospital system, and one of whom shall be the nurse director of the emergency department in an independent community hospital; (11) one licensed health care provider working in an urgent care center in the state; (12) two patient care navigators, one of whom shall be employed by a larger hospital system, and one of whom shall be employed by an independent community hospital; (13) one representative of hospital patients in the state; (14) one provider of emergency medical transportation services in the state; (15) one representative of a national association of retired persons; (16) the Healthcare Advocate, or the Healthcare Advocate's designee; (17) the Commissioner of Mental Health and Addiction Services, or the commissioner's designee; (18) the Commissioner of Children and Families, or the commissioner's designee; (19) one representative from the Department of Public Health's Office of

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Emergency Medical Services; (20) one representative from the Department of Public Health's facilities licensing and investigations section; and (21) one representative of the Office of the Long-Term Care Ombudsman. The chairpersons of the working group shall be one of the physicians representing the Connecticut chapter of a national organization of emergency physicians and one of the representatives of a hospital association in the state, who shall be selected by the Commissioner of Public Health. Once selected, the chairpersons of the working group may convene the first meeting of the working group whether or not any other members of the working group identified in subdivisions (1) to (21), inclusive, of this subsection have been selected by the Commissioner of Public Health. If said commissioner has not selected any member of the working group described in said subdivisions on or before August 1, 2023, the cochairpersons may jointly select such member. The first meeting of the working group shall be held not later than December 1, 2023. The working group shall meet biannually and at other times upon the call of the cochairpersons.

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

This act shall take effect as follows and shall amend the following sections:			g
Section 1	from passage	New section	

PH Joint Favorable Subst.

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