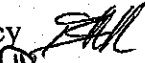



TO: Senator Kathy Campbell, Chair
Members of the Health and Human Services Committee

FROM: Bruce Rieker, Vice President, Advocacy 
Timoree Klingler, Advocacy Specialist 

DATE: February 19, 2014

SUBJECT: LB 1054 – Redefine treatment under Health Care Facility Licensure Act

On behalf of our 90 member hospitals and the more than 41,000 individuals they employ, the Nebraska Hospital Association (NHA) **opposes LB 1054.**

LB 1054 includes within the definition of treatment, "...a minimum amount of supervision and monitoring of noncommunicative persons." The NHA appreciates the intent of this legislation; however, Nebraska's hospitals contend that standards of care should be developed through the use of medical societies and organizations, as is the current practice, rather than mandating standards of care through legislation.

Health care providers often are faced with difficult decisions and considerable uncertainty when treating patients. They rely on the scientific literature, in addition to their knowledge, skills, experience, and patient preferences, to inform their decisions. Clinical practice guidelines are statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options. Rather than dictating a one-size-fits-all approach to patient care, clinical practice guidelines offer an evaluation of the quality of the relevant scientific literature and an assessment of the likely benefits and harms of a particular treatment. This information enables health care providers to proceed accordingly, selecting the best care for a unique patient based on his or her needs and preferences.

To ensure that organizations developing such guidelines have information on approaches that are objective, scientifically valid, and consistent, the Institute of Medicine (IOM) formed an expert committee. The committee developed eight standards for developing rigorous, trustworthy clinical practice guidelines. The eight standards reflect the latest literature, expert consensus, and public input. The standards reflect best practices across the entire guideline development process, including attention to:

- Establishing transparency;
- Management of conflict of interest;
- Guideline development group composition;
- Clinical practice guideline-systematic review intersection;

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- Establishing evidence foundations for and rating strength of recommendations;
- Articulation of recommendations;
- External review; and
- Updating.

To affect quality of care and patient outcomes, implementers should ensure that trustworthy guidelines are made available to clinicians and health systems. Implementers should employ effective, multi-faceted strategies targeting both individuals and health care systems to promote adherence to trustworthy clinical practice guidelines. Increased adoption of electronic health records and computer-aided clinical decision support (CDS) will open new opportunities to rapidly promote clinical practice guidelines to health care providers and patients.

It is important that standards are properly evaluated. Patients rely on health care providers for quality care and expect that those providers have the knowledge and expertise to make health-related decisions. Clinical practice guidelines can aid clinicians and patients alike in determining the best treatment options for a particular disease or condition. While there always will be uncertainty in clinical practice, ensuring that clinicians have trustworthy guidelines will bring more evidence to bear on clinician and patient decision making. Trustworthy guidelines hold the promise of improving health care quality and outcomes. To be trustworthy, clinical practice guidelines should:

- Be based on a systematic review of the existing evidence;
- Be developed by a knowledgeable, multidisciplinary panel of experts and representatives from key affected groups;
- Consider important patient subgroups and patient preferences, as appropriate;
- Be based on an explicit and transparent process that minimizes distortions, biases, and conflicts of interest;
- Provide a clear explanation of the logical relationships between alternative care options and health outcomes, and provide ratings of both the quality of evidence and the strength of recommendations; and
- Be reconsidered and revised as appropriate when important new evidence warrants modifications of recommendations.

Although well-intentioned, this proposal fails to take into account the unique intricacies of developing standards of care. Consequently, the NHA opposes LB 1054 and urges the Health and Human Services Committee to indefinitely postpone the bill. Thank you for your consideration of this important matter.