



CONNECTICUT
HOSPITAL
ASSOCIATION

**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Friday, March 11, 2011**

**HB 6548, An Act Concerning The Collection Of Data By The
Office Of Health Care Access Division Of The
Department Of Public Health**

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning **HB 6548, An Act Concerning The Collection Of Data By The Office Of Health Care Access Division Of The Department Of Public Health**. CHA opposes the bill as written.

OHCA currently receives a significant amount of data from hospitals and other healthcare institutions as part of its oversight role. Historically, and under current law, these data may be disclosed to the public only after they have been edited in a manner that protects patient identity and removes other identifying factors that can be culled from the raw data. Generally this is done by taking out obvious identifying elements and by aggregating the data so that they cannot be tracked back to a particular patient. The identifiable data are also protected from disclosure through Freedom of Information (FOI) processes, which makes good sense for patients. Sending data to OHCA should never expose individuals to having their personal health records disclosed, or to having to fight to keep such information confidential.

Prior to HIPAA rules, this de-identification process was fairly unsophisticated. Now that HIPAA has become part of the healthcare landscape, the process of de-identification is far more rigorous and standardized to satisfy various statistical measures and scientific guidelines.

HB 6548 attempts to capture the science-based rules employed by HIPAA to ensure that they are applied to OHCA's re-disclosure of collected information. CHA applauds the effort to move toward these nationally accepted methods and standards for de-identification.

As with any complex regulatory system, state privacy laws and HIPAA regulations contain important details that require precise wording to ensure that their protections are applied. However, in order to preserve existing exemptions from FOI disclosure, and to ensure HIPAA-level protections, we suggest that the following changes be made to the new text for subsection (c) of 19a-654, as proposed in HB 6548:

(c) All patient-identifiable data received by OHCA shall be kept confidential and not subject to disclosure under the Freedom of Information Act, as defined in section 1-200. The office shall release de-identified patient data or aggregate patient data to the public only once they have been fully de-identified, and cannot be re-identified, consistent with 45 CFR 164.514. Such released de-identified data shall exclude provider, physician and payer organization names or codes and the received data themselves shall be kept confidential. The office may release patient-identifiable data in accordance with section 19a-25 and regulations adopted pursuant to said section. No individual or entity receiving patient-identifiable data may release such data in any manner that may result in an individual patient, physician, provider or payer being identified. The office shall impose a reasonable, cost-based fee for any de-identified patient-level data provided to a non-governmental entity.

(d) Prior to releasing any patient data pursuant to this section, the Commissioner of Public Health shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the provisions of this section.

Thank you for your consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.

JDI:pae