

Act Number: 09-095

Bill Number: 1079

Senate Pages: 2237, 2292-2294 **4**

House Pages: 4772-4775 **4**

Committee: Public Health: 1523-1525, **12**
1624-1631, 1833

Page Total: **20**

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GENERAL ASSEMBLY
SENATE**

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should be marked Order of the Day.

And then going back to the beginning of the calendar, Mr. President. I will mark the action items for today. Calendar page 1, Calendar 647, Senate Resolution Number 27, Mr. President, would move to place that item on the consent calendar.

THE CHAIR:

Motion is on the floor to place the item on the consent calendar. Seeing no objection, so ordered.

SENATOR LOONEY:

Yes. Thank you, Mr. President. Calendar page 2, Calendar 129, should be marked passed temporarily; calendar page 2, Calendar 648, should be marked go. Calendar page 3, Calendar 226, marked go; calendar page 4, Calendar 278, marked passed temporarily; calendar page 4, Calendar 279, marked go; calendar page 4, Calendar 247, marked go. Calendar page 5, Calendar 381, Senate Bill 1079, Mr. President, move to place that item on the consent calendar.

THE CHAIR:

There is a motion on the floor to place the item on the consent calendar. Seeing no objection, so ordered.

SENATOR LOONEY:

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Yes. Thank you, Mr. President. If the Clerk might move now to call the consent calendar, and read the items on that calendar and then call the calendar.

THE CHAIR:

Mr. Clerk, please call for a roll call vote on the consent calendar.

THE CLERK:

Immediate roll call has been ordered in the Senate on the consent calendar. Will all senators please return to the chamber. Immediate roll call has been ordered in the Senate on the consent calendar. Will all senators please return to the chamber.

Mr. President, those items placed on the 1st Consent Calendar begin on calendar page 1, Calendar 647, Senate Resolution Number 27; calendar page 2, Calendar 648, Senate Joint Resolution Number 77; calendar page 5, Calendar 381, substitute for Senate Bill 1079; calendar page 22, Calendar Number 114 substitute for Senate Bill 894; calendar page 23, Calendar 138, substitute for Senate Bill 817; calendar 144, substitute for Senate Bill 849; calendar page 29, Calendar Number 274, Senate Bill 824; calendar page 31, Calendar 321, Senate Bill 271; calendar 323, Senate Bill 497; and calendar 365,

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Senate Bill 384; calendar page 32, Calendar 367,
substitute for Senate Bill 785; calendar page 37,
Calendar 490, Senate Bill 898; calendar page 40,
Calendar 556, Senate Bill 1061; calendar 558,
substitute for Senate Bill 1063; and calendar page 41,
Calendar 328, substitute for Senate Bill 814.

Mr. President, that completes those items placed on
the 1st Consent Calendar.

THE CHAIR:

Please call for the consent calendar. The
machine will be open. Oh, Senator Looney. Yes, sir.

SENATOR LOONEY:.

Yes. Mr. President, just for purpose of
clarification. I believed I had earlier marked on
calendar page 21, 2 items on the consent. Initially
we had removed -- placed calendar 103, but I believe
we also had Calendar 82 on page 21, Senate Bill 761.

THE CHAIR:

No, sir. Those are not noted here on our
calendar.

SENATOR LOONEY:

Okay. We'd like to place that item on the
consent calendar, Mr. President, calendar page 21,
Calendar 82, Senate Bill 761.

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THE CHAIR:

There's a motion to place that item on the consent here. Seeing no objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

THE CLERK:

The Senate is now voting by roll call on the consent calendar. Will all senators please return to the chamber. The Senate is voting by roll call on the consent calendar. Will all senators please return to the chamber.

THE CHAIR:

Have all Senators voted? If all Senators have voted, please check your vote. The machine will be closed. The Clerk will call the tally.

THE CLERK:

Motion is on adoption of Consent Calendar
Number 1.

Total Number Voting	35
Those voting Yea	35
Those voting Nay	0
Those absent and not voting	1

THE CHAIR:

The consent calendar passes.

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Thank you, sir, for your announcement.

Will the Clerk please return to the call of the calendar. Will you please call Calendar 636.

THE CLERK:

On page 26, Calendar 636, Substitute for Senate Bill Number 1079, AN ACT CONCERNING THE CONNECTICUT HEALTH INFORMATION NETWORK, favorable report of the Committee on Public Health.

DEPUTY SPEAKER MCCLUSKEY:

Distinguished lady from the 104th, Representative Gentile, you have the floor.

REP. GENTILE (104th):

Thank you, Mr. Speaker.

Mr. Speaker, I move for acceptance of the Joint Committee's favorable Report and passage of the bill in concurrence with the Senate.

DEPUTY SPEAKER MCCLUSKEY:

Question before the chamber is acceptance of the Joint Committee's favorable report and passage of the bill in concurrence with the Senate.

Will you remark?

REP. GENTILE (104th):

Yes, Mr. Speaker, thank you.

This bill allows state agencies participating in the Connecticut Health Information Network, or CHIN,

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to disclose personally identifiable information in their databases to the CHIN administrator and its subcontractors for two specific purposes: One, network development and verification; and, two, data integration and aggregation.

Such disclosure is subject to federal restrictions on disclosure or redisclosure of such information, and the CHIN administrator and the CHIN subcontractors must not disclose personally identifiable information. And the bill specifically prohibits state agencies participating in CHIN from disclosing information -- personal information that would be in violation of federal law.

I urge passage.

DEPUTY SPEAKER MCCLUSKEY:

Thank you, for your remarks.

Will you remark further on the bill?

The distinguished ranking member of the Public Health Committee, Representative Giegler, you have the floor, madam.

REP. GIEGLER (138th):

Thank you, Mr. Speaker. I rise in support of this bill. It removes any uncertainty regarding this status of CHIN under state privacy and confidentiality law for the participating agencies, plus it has no

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fiscal impact for the agencies to disclose information.

And I urge my colleagues support.

Thank you.

DEPUTY SPEAKER MCCLUSKEY:

Thank you, for your remarks.

Will you remark further on the bill? Will you remark further on the bill?

If not, will staff and guests please come to the well of the House? Will the members please take your seats? The machine will be opened.

THE CLERK:

The House of Representatives is voting by roll call, members to the chamber. The House is voting by roll call, members to the chamber.

DEPUTY SPEAKER MCCLUSKEY:

Have all the members voted? Have all the members voted?

Will the members please check the board to determine if your vote is properly cast. If all the members voted, the machine will be locked.

Will the Clerk please take a tally?

Will the Clerk please announce that tally?

THE CLERK:

Senate Bill Number 1079 in concurrence with the

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Senate.

Total Number of Voting	140
Necessary for Passage	71
Those voting Yea	140
Those voting Nay	0
Those absent and not voting	11

DEPUTY SPEAKER MCCLUSKEY:

Bill passes in concurrence with the Senate.

Will the Clerk please call Calendar 627?

THE CLERK:

On page 25, Calendar 627, Senate Bill Number 761,
AN ACT CONCERNING AN ENHANCED 911 SERVICE DATABASE,
favorable report of the Committee on Appropriations.

DEPUTY SPEAKER MCCLUSKEY:

The honorable Chair of the Public Safety
Committee, Representative Dargan, you have the floor,
sir.

REP. DARGAN (115th):

Thank you, Mr. Speaker. I move in acceptance of
the Committee's favorable report and passage of the
bill in concurrence with the Senate.

DEPUTY SPEAKER MCCLUSKEY:

Question before the chamber is acceptance of the
Joint Committee's favorable report and passage of the
bill in concurrence with the Senate.

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After that, are there any other relevant comments from the committee?

Representative Carson.

REP. CARSON: Thank you, Madam Chair.

I can attest from the Town of New Fairfield that that's very true. The two women at the top of your team are doing a great job on those water issues.

I have a question regarding Senate Bill 1079, the Connecticut Health Information Network. Do you -- DPH has submitted testimony. I don't know if -- if you're familiar with it, but it sounds -- it sounds as though you guys have pulled together with various agencies the group as we asked you to do in '07 to, you know, to provide a plan. And now it looks like in the testimony that you haven't even reviewed that plan or seen it or whatever.

Any chance you can give us an update as to what that's all about?

KAREN BUCKLEY BATES: Good morning, my name is Karen Buckley Bates. I'm the director of government relations for the Department of Public Health.

Actually, this morning I had the good fortune to speak with Mary Eberle, who I believe you'll hear from later today, and I have been told that we potentially could expect a draft of that plan this afternoon.

And you'll note in our testimony that we would like to look at that feasibility plan before we see any other additional legislation moving forward, and I think that plan will help shed

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some light on this bill as we move forward.

REP. RITTER:

REP. CARSON: Thank you.

And through you, Madam Chair, so was there just kind of a stopping point that you guys were no longer working with UConn on this, or how did that work on this or how did that work?

KAREN BUCKLEY BATES: My understanding, and I have not been the representative at the table, is that all of the agencies have been at the table participating, and that the holdup, as it was described to me by Mary Eberle, was that there were some technical issues that needed to be resolved.

I believe they now have that answer and we should have a draft plan either later today or certainly next week, is what I've been assured. Thank you.

REP. RITTER: Thank you, Madam Chair.
And I have another follow-up question, if I could, to the Commissioner.

And just for my own clarification, the HIV testing, that is still going to be -- it's still optional, right? It's not mandatory?

J. ROBERT GALVIN: You could certainly always opt out --

REP. CARSON: You can opt out just in the normal --

J. ROBERT GALVIN: I mean, you could opt out of having a liver test or a urinalysis.

REP. CARSON: Right.

J. ROBERT GALVIN: So it's not going to be

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something that's -- people are blindfolded and when you get your routine lab work done, that's included.

REP. CARSON: Right.

J. ROBERT GALVIN: The patients have to be informed so that the opportunity to opt out is there, but we really want to pick up that 25 percent we're missing.

Treatments are good, although very expensive. But the sooner you get treated, the better you do and the longer you live more productively.

REP. CARSON: And then one last little comment, if I might, Madam Chair, and it has to do with regional health departments.

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And just to let you know, our towns are really struggling to -- with the concept. They really feel -- certainly we recognize for some of the big issues the importance of certainly having full-time health departments.

One of my small little towns, the Town of Sherman, does not. They have a part-time health department where the neighboring town covers them, but it's not really regional. And they are so adamantly opposed to becoming full time. They feel that they just don't require full-time services.

And insofar as my other town, the Town of New Fairfield, they really -- you know, they've met and they've talked about regionalization, and it just hasn't quite clicked for them yet. They really do feel that they will lose some of the personal attention, you know, to simple matters that go on in the town on a day-to-day basis.

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GREG ALLARD: Thank you.

SENATOR HARRIS: Thank you. Any further questions?
Thank you very much.

GREG ALLARD: Thank you.

SENATOR HARRIS: We're on now to 1079, Mary Eberle.
Welcome back to your committee, Madam Chair.

MARY EBERLE: Thank you. Thank you, Mr. Chair.
I must say, it's different sitting on this
side of the table, but --

Good afternoon, Senator Harris, Representative
Ritter and members of the Public Health
Committee. My name is Mary Eberle. I'm a
faculty member at the University of
Connecticut Health Center, and I work in the
Center for Public Health and Health Policy,
which is a university-wide center dedicated to
public health teaching, research and service
activities.

Thank you for the opportunity to speak to you
today. I'm here to testify in support of
Senate Bill 1079, An Act Concerning the
Connecticut Health Information Network, or
what we call CHIN.

CHIN is a collaborative project to develop a
federated health data network that will link
selective databases of participating state
agencies.

You have my testimony which gives a little bit
of the legislative history from the last
couple of years, and 1079 -- as a result of
that legislation in 2007, we have had two
working groups going with the agencies
involved, the Department of Public Health,

Children and Family Developmental Services and Information Technology and the Office of Healthcare Access.

We've had one group working on the technology issues involved in developing CHIN, and one group working on the policy issues to address the privacy and confidentiality and legal issues involved in linking the personally-identifiable information that's in The databases.

SB 1079 stems from the discussions of the working group on policy. And the purpose of 1079 is to remove any uncertainty regarding the status of CHIN under the various state confidentiality laws applicable to the participating agencies.

As we looked at the different state laws, three of the four agencies had concerns that although not intended for this purpose, some or all of their statutes might cause a problem for their participation in CHIN, because in order to match the data, they would have to first release identifiable data to CHIN so that CHIN could match the identified and release the identified data.

The policy workgroup as we explored solutions unanimously agreed that rather than amend all of the state statutes dealing with confidentiality for their agencies, it would be preferable to enact a notwithstanding provision, because that would leave those statutes in place for all their current purposes, but make it clear that they did not prohibit the release of data to CHIN. I would -- I have one change I ask you to make.

The Office of Healthcare Access asked us to

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include Chapter 368z to those covered by the notwithstanding provision, because I've had some of their statutes, and we inadvertently omitted it. I'd be happy to answer questions at this time point, and thank you for your time and attention.

SENATOR HARRIS: Thank you, Mary. That was Chapter 368z, as in zebra?

MARY EBERLE: Yes. Small Z.

SENATOR HARRIS: Thank you. Any questions for Mary?

Mary, how -- this is a network that will link Allstate agencies and allow the state agencies to exchange healthcare-related information.

MARY EBERLE: Well, we're starting with just the five agencies named in the 2007 legislation, because we're -- it's a network in development, and what it will do is rather than try to combine all the databases in those five agencies, it leaves the databases where they are, operating the way they do, but provides some -- some middle-ware software to link them so that you can -- you can search the databases for individuals who might be served -- might exist in several of the databases.

The software will pull up the references to the same individual, link it across the agency and then be identified.

So, for instance, you could track -- you could do longitudinal studies on people who might be in universities, the health center's neonatal database through their -- the immunization database at DPH, through Department of Children and Family. Eventually we hope that we might be able to include Education and

Social Services, although we have issues with their federal statutes that need to -- need to be addressed.

But you'd be able to follow individuals and therefore evaluate programs on a longitudinal basis, which is very difficult now because the data resides in so many different agencies. And for both program evaluation and research, you have much more data available to you.

And right now, some of these agencies have multiple databases within the agency that can't talk to each other. And so this would -- would help even internally within single agency would help with that.

SENATOR HARRIS: So then the intent is to expand to other agencies at some point?

MARY EBERLE: As we develop. We had to start small --

SENATOR HARRIS: Yes.

MARY EBERLE: -- in order to get it right, but yes, we do -- we -- hopefully it will be expandable.

SENATOR HARRIS: And as you may know, on the Appropriations Committee starting four years ago, we started using a budgeting technique called results-based accountability --

MARY EBERLE: Right.

SENATOR HARRIS: -- which looks not at just programs or departments but by population --

MARY EBERLE: Right.

SENATOR HARRIS: -- (inaudible) outcomes.

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MARY EBERLE: Right.

It sounds to me like this type of ability to get information across departments would be helpful to that process.

MARY EBERLE: We think that it could be a critical piece to really allows outcomes research and to giving you the information you need to really do results-based accountability.

SENATOR HARRIS: And along the lines of privacy protection, my understanding with the way this works from your description, say the Department of Children and Families has a record on -- on a particular child, say. That record could be shared with, say, DDS.

Once it comes into DDS, the identification of the individual is -- is stripped away so that there is no privacy issue in this transfer.

MARY EBERLE: What might be able to happy is that DDS could query the DCF databases and say how many of your children receive services from both agencies and how many are aging out? What's been the outcome of children that went through our Birth to Three system in your DCF -- you know, how many have gone to DCF, for instance.

It's not really set up initially for case management so that you could -- you could target an individual child, but it could be -- it could be adapted to that later on the way it's being developed.

We're trying to develop it in as flexible style as we can, and for both aggregate and case management purposes, could be a functionality to be added in the future.

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SENATOR HARRIS: What about healthcare information, say, records that DSS has with respect to kids on (inaudible)?

MARY EBERLE: One of the reasons we haven't focused -- included DSS in our request is that the Medicaid data is subject to some fairly stringent federal regulations in restricting the use of what medicare data can be used for.

And so we thought that if we get CHIN up and running and can actually demonstrate it, then we can go to -- to CMS in Washington, demonstrate it and perhaps get a determination from them that, yes, they could be joined.

DSS also has just gone through their data warehouse initiative, but being able to link that so that we could easily link information in other state agencies I think would -- would -- would be a good use of CHIN.

The other agency we have that issue with are the education records that are both in Birth to Three and the Department of Ed., because the family education rights and privacy act pretty severely restricts what those data can be disclosed for.

And again we're hoping as -- once we have a working model with CHIN, we can take it down, we can demonstrate it to them and hopefully get a ruling that it complies with (inaudible).

SENATOR HARRIS: Thank you. And finally, as you know, one of the main issues before the General Assembly this year is healthcare reformulation.

MARY EBERLE: Yes.

SENATOR HARRIS: One of the pieces of healthcare reformulation is cost-containment and one of the parts -- major parts of cost-containment is technology, e-health, so that we can actually communicate between doctors, between healthcare facilities, et cetera.

Is this system being designed or should it be designed with an eye towards at some point being able to be interoperable, that largest healthcare network so that we in that network can glean valuable information from the state databases, of course in a protective fashion.

MARY EBERLE: Yes. I -- I think one thing to emphasize is that CHIN is not an alternate -- an alternative to e-health. E-health deals with individual patient records and disclosing to -- to healthcare providers involved with that patient their personal identified records.

CHIN is being designed to work with state agency databases and to link -- to match and then to be identified for planning and research purposes that data.

But once e-health is up and running, we anticipate that it could be linked into CHIN, but -- but I want to emphasize that the two are not in competition with each other or -- or alternatives to each other.

SENATOR HARRIS: That's what I thought -- I'm glad you put that on the record, because that was my -- going to be my final question.

Because when it says Connecticut Health and Information, there's --

MARY EBERLE: Right.

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SENATOR HARRIS: I spoke to someone about that once. Don't we have that with e-health? So I'm glad that you --

MARY EBERLE: No. E-health will be focus on the patient records and identified, because you'll have the patient in front of you who can sign a release that you can get their records.

This is for public health research where you have large existing databases, and it's totally impractical to try to find the people to get individual consent to have their records included.

And so we -- we're working at it in a way that we can get access to the records but no identification will ever go beyond the CHIN system.

SENATOR HARRIS: Thank you very much. Any other questions?

Mary, it's good to see you back. Thank you for all your work on this.

MARY EBERLE: Thank you.

SENATOR HARRIS: Next we are on to Bill 1080, and we have it looks like Jerold Mande or Marde, Rich Rosenthal and Roberta Friedman.

Dr. Mande, I see on this. Thank you.

JEROLD MANDE: Thank you.

Senator Harris, members of the committee. Thank you for the opportunity to testify on Senate Bill 1080.

My name is Jerold Mande, and I'm associate



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Center for Public Health and Health Policy
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Good afternoon, Senator Harris, Representative Ritter and members of the Committee. My name is Mary Eberle. I am a faculty member at the University of Connecticut Health Center and I work in the Center for Public Health and Health Policy, which is a university-wide center dedicated to public health teaching, research, and service activities. I thank you for the opportunity to speak to you today.

I am here to testify in support of SB 1079, AAC the CT Health Information Network, or CHIN. CHIN is a collaborative project to develop a federated health data network that will link selected databases of the participating agencies. In 2007, the Legislature gave funding of \$1,000,000 over the biennium for the development of CHIN and tasked the University and the Department of Public Health, in collaboration with the Departments of Developmental Services, Children and Families, Information Technology and the Office of Health Care Access, to “develop a Connecticut Health Information Network plan to securely integrate state health and social services data, consistent with state and federal privacy laws, within and across” the participating agencies. The Health Center and DPH jointly convened two working groups to accomplish this task, one for technical issues and one for policy issues. All of the named agencies have been represented on both working groups, and have actively participated in and supported the development of the CHIN plan. SB 1079 has been developed from the discussions of the CHIN working group on policy, which has explored the legal and confidentiality issues confronting the implementation of CHIN.

The purpose of SB 1079 is to remove any uncertainty regarding the status of CHIN under the various state privacy and confidentiality laws applicable to the participating agencies. The policy work group unanimously agreed that, rather than amend all of these statutes, it would be preferable to enact a “notwithstanding” provision that would leave those statutes in place for all their current purposes but make it clear that they did not prohibit the release of identifiable data to CHIN. SB 1079 will make it clear that agencies may release such data to CHIN for the purposes of data matching and de-identification without violating state confidentiality laws. This will greatly facilitate the development of CHIN and will promote collaboration and data sharing among the agencies by removing both real and perceived legal barriers to CHIN’s operation.

I would ask that you make one change to SB 1079 before it leaves the Committee. Please add Chapter 368z to those covered by the “notwithstanding” provision, in order to include the state statutes applicable to the Office of Health Care Access. This chapter was inadvertently omitted from the language previously submitted to the Committee. We would be happy to work with the agencies and the Committee to make further changes to the language, as deemed necessary.

Thank you for your time and attention to this important matter. I’d be happy to take any questions.

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