

PA 11-076

SB1201

House	9254, 9289-9290	3
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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2011**

**VOL.54
PART 27
8965 – 9294**

law/lxe/jr/fst/gbr
HOUSE OF REPRESENTATIVES

769
June 7, 2011

which is Senate Bill 888; Calendar 570 which is Senate Bill 1201; Calendar 542 -- I'm sorry. I don't have the bill number. Is Senate Bill 863. And Senate Bill -- I'm sorry, Calendar 632. SB 1098

SPEAKER DONOVAN:

Representative, you want to check Calendar 542. I believe it's --

REP. SHARKEY (88th):

Yes, 542 is -- pardon me, is Senate Bill 852.

SPEAKER DONOVAN:

Very good, thank you, sir.

REP. SHARKEY (88th):

So I move these onto the consent calendar. We'll be having some other bills that we're going to be adding to that consent calendar shortly once we adopt the amendments, and then we can vote on those.

SPEAKER DONOVAN:

Thank you, Representative.

REP. SHARKEY (88th):

Thank you.

SPEAKER DONOVAN:

Representative Cafero.

REP. CAFERO (142nd):

I just want to make sure the board there is straight,

THE CLERK:

What page is it on?

SPEAKER DONOVAN:

Clerk, please call Calendar 592 which is the beginning of the Consent Calendar.

SB 863 SB 1201
SB 852 SB 888
SB 377 SB 1216
SB 1003 SB 371

THE CLERK:

On page 32, Calendar 592, Substitute for Senate Bill Number 858, AN ACT CONCERNING REVISIONS TO THE HIGHER EDUCATION STATUTES.

SB 1112
SB 881 SB 1076
SB 518 SB 1098

A VOICE:

Mr. Speaker, this represents the Consent Calendar, and I would move that we vote on it as such.

SPEAKER DONOVAN:

There's a Consent Calendar. Staff and guests, please come to the well of the House. Members take their 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 the Consent Calendar by roll call. Members to the Chamber.

SPEAKER DONOVAN:

Have all the members voted? Have all the members voted? Please check the roll call board. Make sure your vote's been properly cast. If all the members have voted,

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the machine will be locked. The clerk will please take a tally. Clerk please announce the tally.

THE CLERK:

On today's Consent Calendar:

Total number voting 139

Necessary for passage 70

Those voting Yea 139

Those voting Nay 0

Those absent and not voting 12

SPEAKER DONOVAN:

The Consent Calendar's passed.

Any announcements or introductions?

Representative Piscopo.

REP. PISCOPO (78th):

Good morning, Mr. Speaker. For a general rotation.

SPEAKER DONOVAN:

Please proceed, sir.

REP. PISCOPO (78th):

Will the general please notes that Representatives Kokoruda and Noujaim missed votes ue to you illness in the family. Representative Rigby missed votes due to business in the district. Will the transcript please note that Representatives Candelora, Wood and Williams

**JOINT
STANDING
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HEARINGS**

**PUBLIC
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PART 5
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mhr PUBLIC HEALTH COMMITTEE

10:00 A.M.

REP. SAWYER: Thank you, Madam Chair, and members of the committee. I do understand that there's so many other things going on in the building today at the present time and it's difficult to get everybody to be here in one spot.

And I'm here to testify on Bill 1201. The issue is -- to be very brief -- some clarification needs to be made in this particular bill. The point of the bill that I originally proposed, and what we hope will happen, is to give patients some ability to have control over their own test results and to take it out of the cumbersome process that it has right now.

When a person goes in and has test results done and they want to pass them on to their other medical providers, right now they have to go back to the original physician who ordered the test or -- or a dentist who ordered the tests, and then they have to ask them to pass them along to other docs. So in the case where you have someone who is interested in -- in their, say, their complete blood count after they've had a -- a full screening done and they feel it's very important, they want it to be passed on to their dentist or to their GYN or to their cardiologist.

For efficiencies' sake, and as we're looking towards eHealth, it makes a lot of sense at the point of service at the labs to be able to say, Oh, by the way, Dr. B ordered this test and I would like it sent off to Dr. C and Dr. D, and -- and perhaps even Dr. F, depending on what other medical needs that person has. It makes a lot of sense for all of someone's care providers to have the same information. It also would reduce testing that might have to be done, and it might give that next physician or dentist the ability to say, Uh-oh, and a red

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flag might go up that we have to stop, look, and take a second glance as to what should be done. So it's a -- a -- very important for -- when -- as people now have multiple providers, that they all have the same information.

Also, there is a question about the wording about whether or not a patient should have -- how soon a patient should get their own results. I think that's certainly an issue that we should talk about, because there are -- there are physicians who are worried that if people get their results before they've spoken to them, that they may get the wrong impression as to what those results say. But on the flip side, Madam Chairman and committee members, I also know that someone may need their results for, say, their job. They may need them immediately to be able to pass on.

In the case of a pilot, where he has a medical that he has to have through the FAA, he may need that test result to get his medical back and put him back to work immediately. If the doc is away on vacation for a week or two, he then is stuck without his -- that test result that might give him his flight certification back.

So there are a couple of issues there that we should look at. And I would like to thank the committee for their time, and we certainly can talk. I know you have a very busy schedule and thank you, very much, for your time this morning.

I'd be willing to answer any questions.

REP. RITTER: Thank you very much for your testimony, Representative.

Are there questions from the Committee?

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Representative Betts.

REP. BETTS: Thank you, Madam Chair.

And thank you for your testimony,
Representative Sawyer.

If under the proposal you have right now, would it -- would you conceive of a patient being able to sign a form that says to, for example, the blood laboratory to distribute the blood results to my doctor, my dentist, you know, one kind of, like, universal form where they can just say, Okay, here are the results; I want all my providers to have access the those results, which might be a very efficient way of doing this, particularly as they have these new e-mail results being passed on. Are you thinking in those terms or on a provider-by-provider basis?

REP. SAWYER: I think it may be necessary to do it on a provider basis. Some -- we know that people oftentimes will switch specialists that they are seeing because somebody else has a specialty that they need to go see. And so a standard list might not work, so I think it needs to be an a case-by-case basis.

REP. BETTS: Thank you.

SENATOR GERRATANA: Thank you.

Hi, Representative Sawyer; thanks for coming and testifying today.

Now I haven't read over the details of the bill, but, you know, I assume this goes to the problem of coordinating, getting the blood or any kind of laboratory results out to the appropriate providers, the whole universe, if

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you will, dentists, physicians, APRNs, whatever. One technique that I use is I go through my primary care physician, and she is the person who gets, you know, the -- the results. And she is designated, even if another physician or health care provider, you know, write -- order some other blood work or whatever test, she gets a copy of it because she is designated as my primary care physician. Then she disburses accordingly, you know, to -- she has my records and she gives out, you know, the results and shares that with my other health care providers. But I guess this is -- there's some problem with the -- the labs, themselves, not -- not giving out the tests or --

REP. SAWYER: The -- the --

SENATOR GERRATANA: -- maybe it's not clear that it goes to the primary care physician or --

REP. SAWYER: The question comes down to that is your results. And in the case where you may be having something serious going on immediately and you wish -- and maybe -- and oftentimes people have two things going on, sometimes with their health at the same time -- for you to have to stop, go back to your PC to have your P -- primary care doc then send it and stop their office from what they're doing, go find your results, then take the time out of that office to go send it off to, say, your cardiologist, then -- or the person because you -- you have questions of, hmm, say, there's a -- a bone issue, and you want it sent off immediately to an orthopedist yet that -- and you're going in to have this blood work done, your PC or -- or say the orthopedist is requiring and you want to send it off also to your dentist, because you have an abscess and you want them to have that same information, this gives you, the patient,

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control. This is really a -- a consumer protection, almost, bill that -- and I -- in speaking with the labs, they understand this, that there's so many other specialists or needs that you may have, if you have a particularly complicated situation going on health-wise.

So it also saves time in the PC's office. They can continue giving care to the patients that are there and whatever; they don't have to suddenly stop, go back, get your file out, pull your results out and get your file -- your results out to someone else, where it could be done even at the time of the test being done.

SENATOR GERRATANA: Yes. Thank you. I -- I don't know; maybe I have an exceptional PCP, but she -- what happens is that she gives me the results and --

REP. SAWYER: That's easy.

SENATOR GERRATANA: And also, and that I carry them with me, you know, if need be, you know, to other. So I guess she's, her office is run very efficiently or something. But --

REP. SAWYER: Well --

SENATOR GERRATANA: -- thank you.

REP. SAWYER: The --

SENATOR GERRATANA: Thank you for that info.

REP. SAWYER: The --

SENATOR GERRATANA: Yeah.

REP. SAWYER: The docs that I have been speaking to, the cost for their staff to do these extra steps to move your test results on where you

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already know where you want these tests to go

--

SENATOR GERRATANA: Uh-huh.

REP. SAWYER: -- we make it much more efficient in
-- for the providers, if you know exactly where
it wants to go. And --

SENATOR GERRATANA: Right. She --

REP. SAWYER: -- not everybody would use this. Many
people go back to their PCP and because they'd
be in consultation with them --

SENATOR GERRATANA: Right.

REP. SAWYER: -- for other things.

SENATOR GERRATANA: Right.

REP. SAWYER: But some people have more control over
their other parts of their health care and they
wish to be able to move this along.

SENATOR GERRATANA: Right. She transmits it
electronically, so --

REP. SAWYER: Absolutely.

SENATOR GERRATANA: -- you know --

REP. SAWYER: And if they could do it --

SENATOR GERRATANA: -- it's very easy.

REP. SAWYER: -- right at the point of service and
have it go out, it becomes --

SENATOR GERRATANA: That's what I do.

REP. SAWYER: -- very efficient.

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SENATOR GERRATANA: Thank you.

REP. SAWYER: Thank you.

SENATOR GERRATANA: Any other questions? If not,
thank you --

REP. SAWYER: I have spoken --

SENATOR GERRATANA: -- for your testimony.

REP. SAWYER: I have spoken with the labs and they
are working with me and -- and on -- on this
particular bill, and I think you'll hear from
them. And I think you'd be very pleased.

SENATOR GERRATANA: Thank you.

Next is -- oh, are we through with the
Legislators? No, we have Representative -- oh,
I'm sorry. We're in the public part.

A Bob Rodman.

ROBERT RODMAN: There we go.

SENATOR GERRATANA: AARP. There we go.

ROBERT RODMAN: Good afternoon; it is.

My name is Bob Rodman, and as an AARP
volunteer, I'm here representing the nearly
600,000 members of AARP in the state. I also
speak as an individual consumer interested in
expanding access to affordable, quality care in
Connecticut.

The State Health Insurance Exchange proposal
contained in S.B. 1204 is the centerpiece of
this Affordable Care Act. AARP has a strong
interest in the creation and development of

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And I actually want to point out a particular point of your testimony that, to me, is very important. You talked about the need to include, in where I -- I guess I'm extending this by saying wherever we end up in this exchange discussion, but particularly in this bill -- a process for seamless transitions among the various public assistance programs and private-pay. I could not agree with you more.

ROBERT RODMAN: Thanks.

REP. RITTER: And I think that I -- I am very comfortable making sure that the record understands that I -- we've -- we've heard different conversations about the determinance of success with our exchange, but I think your point is very well taken. And that will be, looking ahead, a critical component of our success in designing these exchanges.

And if you have anything else you want to add to that, I would appreciate hearing it.

ROBERT RODMAN: Well, you may hear more from us but that's sufficient at the moment.

Thank you for your support.

SENATOR GERRATANA: Thank you, sir.

Next is Representative Sayers, Peggy Sayers.

REP. SAYERS: Thank you.

I'm here to testify in behalf of support of two bills. One is House Bill 6610 and the second one is the lab bill, Senate Bill 1201. Right now -- my goal when I submitted the House Bill 6601 was to provide

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children with Connecticut -- with a wide access of array of vaccines available. At one point, the Department of Public Health used to purchase these, and as part of that purchasing, what they would do was determine what vaccines they were going to purchase for the year. That has changed. The federal government now has a panel that makes the decisions as to which vaccines are appropriate for children. But the State of Connecticut still does that panel; they still make a determination of which vaccines are going to be used.

This bill would allow Connecticut pediatricians, family practice, any physicians to determine, themselves, which vaccines they want to have the children of Connecticut have. It doesn't affect the cost, because the federal government now pays for especially the vaccines for children. So it would not affect the cost in any way.

And, in fact, for instance, right now if you had a child with a latex allergy, there's no vaccines available in Connecticut to that child because they -- they're not part of the panel that is currently available to pediatricians or any physician that is giving out a vaccine. So I'm -- I'm hoping that we can make this change.

We used to be always one -- number one in Connecticut in terms of vaccine, and I was very proud of that. Now, you know, in '09, we were No. 27; that's embarrassing. And some of it may be states that have this rule where they can choose any vaccine. They tend to do better in terms of vaccination, so let's hope that we get back up to number one, because I think it's important that we -- that we be there.

The second bill, the lab bill, you know, Senator Gerratana, you're very lucky that you

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the right direction.

One of the things you mention about delaying the -- the home, you know, basically keeping them in their home longer, 18 months, about what is that in cost for an average family?

MICHAEL J. SMITH: It would depend upon the level of care, assisted living or skilled, but you could be looking at \$150,000, easily.

REP. CARTER: Okay. Thank you.

MICHAEL J. SMITH: And that would also -- that's average; that's sort of a blend of what Medicaid would be spending or what a family would be spending.

REP. CARTER: All right. Thank you, very much.

MICHAEL J. SMITH: You're welcome.

REP. CARTER: Thank you, Madam Chair.

SENATOR GERRATANA: Thank you.

Thank you, Mr. Smith.

Next is Dr. Ronald Buckman.

RONALD BUCKMAN: Hi.

SENATOR GERRATANA: Hi. Welcome.

RONALD BUCKMAN: Thank you. And I thank the Chairs and the committee for allowing me the opportunity to testify regarding Senate Bill 1201, the ACT CONCERNING PATIENT ACCESS AND CONTROL OVER MEDICAL TEST RESULTS.

My name is Ronald Buckman, from Coventry, and I've been a physician practicing in primary

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care here, in Connecticut, for 30 years. I -- that's a long time; I know. Thank you.

My practice, I -- I -- I'm, while I'm on the board of HITE Connecticut as well as the board of eHealth Connecticut, I am not here representing those boards; I'm here representing myself, the three physicians I practice with, and the approximately 12,000 patients who have entrusted us with their care and appointed us their advocates for health care.

In addition to what -- to what I mentioned, I also serve on the NACCHO Public Health Informatics work group, so I'm familiar with what goes on and what is going on in terms of electronic health records, in terms of patient access to those records.

Currently in Connecticut, patients do not have the ability to specify to a testing facility where the information goes. They can be sitting. They can be there getting an x-ray. They can be, you know, sitting in -- in a hospital lab. They do not have the ability to say themselves, I want all my physicians to receive the results of my tests. In order for the results to be disseminated, the ordering physician has to order that.

In many instances in my experience, in my practice, I will have patients who are sitting in front of me in the exam room, we're talking about their recent trip to the emergency room or to the specialist, and I'm in the dark. I don't have the records and I don't have access to those records. In order to get the records, the patient needs to sign a release. I have to have somebody fax that release over to wherever it was the tests were done. In the cases of

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hospitals, it goes to medical records. They tell me it's going to take a few days to research and find the chart, and, you know, by -- by then it's almost useless.

I'm sorry; I've used my time. Can I go on?

SENATOR GERRATANA: And can you summarize?

RONALD BUCKMAN: In summary, the intent of the bill -- but not the wording that was provided -- the intent was to -- was to give patients the authority and the ability to -- to determine where their records go in terms of their test results. In addition, it was the intent of the bill to allow patients, themselves, to get those results. And that falls in line with the meaningful use requirements that are coming up. If these changes are not made, this -- this state will lose millions of dollars in -- in funds from the federal government that are provided for implementation of meaningful use.

I did provide written testimony.

If there are any questions, I'd be happy to answer them.

SENATOR GERRATANA: Yes, they can't access your testimony on-line, so perhaps you could submit it. I would --

RONALD BUCKMAN: I -- I did.

SENATOR GERRATANA: -- appreciate it.

RONALD BUCKMAN: I did.

SENATOR GERRATANA: Oh, you did.

RONALD BUCKMAN: I -- I --

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SENATOR GERRATANA: Oh, I'm sorry.

RONALD BUCKMAN: -- just did --

SENATOR GERRATANA: I didn't hear that.

RONALD BUCKMAN: -- it. Yeah.

SENATOR GERRATANA: Okay. Well, thank you, very much.

Any questions?

Representative Carter and then Representative Ritter.

REP. CARTER: Thank you, Madam Chair.

Thank you, Doctor, for your testimony.

Does your office utilize the Electronic Medical Records, currently?

RONALD BUCKMAN: We're been using Electronic Medical Records in my office, since 2004.

REP. CARTER: Excellent. So with respect to those records, when something comes back with these -- these tests to your office, it doesn't go immediately into those or it requires the patient to have signed off on it to go into the EMR system?

RONALD BUCKMAN: Well, it depends where the records are coming from. When I have a patient, has lab work drawn, for instance, the -- we have a lab drawing station in the building. They have a standing order that says -- number one, they have a standing order -- order that says that patients are to receive a copy of their results, and in addition, they have a -- an electronic interface so that I actually get the

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results electronically right in the patient's record as soon as they're available.

In fact, while I was sitting here waiting my turn, I was able to log on to my hospital -- my office computer and actually review some patient charts and -- and sign off on those. The way it works for us is that because I get it electronically and the patient gets it by mail, they generally get their results one or two days after I do.

REP. CARTER: Okay. Thank you, Doctor.

Thank you, Madam Chair.

SENATOR GERRATANA: Representative Ritter.

REP. RITTER: Thank you, Madam Chair.

Thank you for your testimony, and --

RONALD BUCKMAN: You're welcome.

REP. RITTER: -- I'll look forward, also, to being able to read it.

It's -- most of your testimony -- and -- and you can correct me if I'm wrong -- concerned hospital lab results or lab results that are in the medical record at the hospital or in your office or both?

RONALD BUCKMAN: Well, actually my testimony would -- you'd apply to test results in any test facility. That could be a laboratory. It could be an x-ray facility. It could be a pathology lab; basically, any -- any tests where, you know, an order is written by an ordering physician and the patient submits to a test.

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REP. RITTER: Thank you; that -- that helps me a little bit.

Another instance that had been brought to my attention -- to my attention is the case where a patient may have -- be in the process of being treated by a team of physicians, some of whom might practice together and some of whom might practice in -- in varying locations or at various facilities, different hospitals. And the concern then or the desire then was to have it ensure that those records then went to all of those various professionals. And some of them might not necessarily be physicians. Would you like to comment on that?

RONALD BUCKMAN: I would propose that -- and I believe, as defined, providers includes all licensed providers. So that, you know, I would say that any licensed provider, licensed by the State of Connecticut should be able to receive results if -- if the patient says, you know, that a person should get the results.

In fact, the -- you know, when we -- when we are electronic, when our health information exchange is set up, one of the things that will have to happen is that providers will have to be credentialed to receive results. And patients will have to actually give their consent for those results to be sent out.

REP. RITTER: And, actually, you went to what was going to be one of my next questions. And -- and I understand the benefits that can come once we are in this anticipated, wonderful, electronic cloud, but we're not there yet.

And there are issues -- am I correct -- about who it might not be appropriate to give these results to? You referred to credentialing but there's also been discussion about the

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patients' ability to provide them to various family members or designated people. And I envision -- I've some difficulties from an operational standpoint of getting to that. And so I wanted to know if you had any thoughts around that point?

RONALD BUCKMAN: Yeah. I -- if I may say just based on the discussions we've had or for HITE Connecticut and eHealth Connecticut, yes, those are -- those are big concerns, and getting there will be difficult. But it's not impossible; it just takes a little more work to get there.

We do have the ability with the systems that are out there to provide those safeguards and to provide that access. In my written testimony I -- I stated, you know, that for patients or their providers to be provided the results or -- and/or access, because hopefully and in not all cases will they necessarily be -- be meaning to actually send a written copy or even an electronic copy but merely providing access to the results which will save a whole lot of money, provide a whole -- basically stop a lot of duplication of testing and -- and provide much better care to the people of Connecticut.

REP. RITTER: So is it your recommendation that patients automatically receive all of this or that this be managed or controlled through, say, the ordering physician?

RONALD BUCKMAN: I believe -- I think that the -- the default should be that patients get -- patients have the ability to get their own information, get their own test results.

Now, the meaningful use guidelines, which in my written testimony I provide you a copy of, the

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proposed guidelines do state that patients must have access within four days of the ordering physician having access. So that is going to be a federal requirement for meaningful use. If we don't meet that requirement, the millions of dollars of meaningful-use money goes away. So in -- in essence, we're being told that we do have to do that.

In my own practice and my own, personally, I think it's a great idea to allow the patients to have access. I think by regulation that certainly DPH can regulate after what period of time the patient would have that access. If there's concern about, and for instance that the physician would get the results after patients. So -- so -- and that -- I believe that's why meaningful use has that four-day lag.

REP. RITTER: Thank you, very much. I -- I appreciate your time for my questions.

RONALD BUCKMAN: You're very welcome, and thank you, again, for the opportunity.

SENATOR GERRATANA: Thank you.

Next is Dr. Neena Singh.

NEENA SINGH: Thank you. It's so noisy.

Good afternoon, Senator Gerratana, Representative Ritter, and members of the Public Health Committee.

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My name is Dr. Neena Singh, and I'm the Medical Director at the Wallingford laboratory for Quest Diagnostics, the nation's leading provider for diagnostic testing services. We employ over 800 individuals locally, and we are very proud that one of our 33 regional

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laboratories is located in Connecticut.

We are here today to join Representatives Pam Sawyer and Peggy Sayers in their support of the original intent of Senate Bill 1201, AN ACT CONCERNING PATIENT ACCESS AND CONTROL OVER MEDICAL TEST RESULTS. We feel that it is important for patients and medical specialists to have the ability to obtain clinical lab test results easily and directly from the laboratory. You already received my written testimony, and I won't read it here, but I want to provide you with a few, key points that will outline why we support the sponsors' intent of this legislation.

Individuals keep records on car repairs, home repairs, and other personal items that they deem important. It is certainly reasonable for them to want to keep records that document their own physical health and well-being. This process allows them to be engaged and responsible for their own health care.

It is also important for medical specialists to obtain results directly and expeditiously from the clinical laboratory for tests ordered by the primary care physicians. Providing easy access to clinical laboratory test results for patients and medical specialists will significantly reduce duplicate testing, and as a result, health care costs.

Thank you for your attention, and I'm happy to answer any questions you may have.

SENATOR GERRATANA: Thank you, Dr. Singh. No, I -- I understand and I thank you for your testimony. I was reading along, also.

I understand that you had, also, or you may have information available as to some of your

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recommendations. Do you have -- in other words, language?

NEENA SINGH: Yes, we do.

SENATOR GERRATANA: And, unfortunately, we don't have that. Perhaps you could --

NEENA SINGH: And I can --

SENATOR GERRATANA: -- share it with --

NEENA SINGH: -- provide --

SENATOR GERRATANA: -- us again.

NEENA SINGH: I can provide that to you.

SENATOR GERRATANA: Thank you. You could provide it --

NEENA SINGH: Yes.

SENATOR GERRATANA: -- over there, with the Clerks. Thank you, so much.

Are there any questions? No? Okay.

Thank you, very much, for coming today.

A Brenda Kelley.

BRENDA KELLEY: Good afternoon.

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My name is Brenda Kelley. I am the State Director of AARP in Connecticut. I'm here speaking on behalf of AARP. I'm here to share a personal story as a consumer of health care. I'm also a member of the board of eHealth Connecticut and the Health Information Exchange of Connecticut, but like Dr. Buckman, I am not speaking on behalf of those organizations this

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afternoon.

But I am here to support what the two speakers before me are proposing. With nearly 600,000 members, 50-plus in Connecticut and nearly 40 million members nationally, AARP clearly supports the intent of S.B. 1201. We believe this bill will empower consumers to be better equipped to be real partners in their personal health care, and in order to be a real partner, AARP believes consumers must be able to access their personal health information conveniently and affordably, and they must be able to share this information with the medical professions -- professionals providing their health care without burdensome processes or unreasonable fees. This is especially true for patients with chronic illnesses, but we believe it's the right of all patients to access their information.

You can read the rest of my testimony. Unfortunately, I didn't get it in in time to have it on-line.

I do want to share a personal story. And I've been the AARP director for 12 years; I have never shared a personal story. But we've been living a nightmare in my family with my husband's health condition, who has severe, end-stage lung disease or at least that's what he's been told.

He had a treatment for cancer in 1996 and was one of the first stem-cell transplant patients in Connecticut and is still alive today, which is a miracle. He knew that there might be possible lung damage as a result of some of the treatment. He had tests in 2000, and he had tests in 2004, and he didn't ask for the results of the tests at that time. He was basically told, Well, there's a little damage;

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lose a little weight -- because my husband is a big guy -- and you'll feel better.

It wasn't until 2007, when he was having difficulty walking -- he -- he works; he's a medical professional -- difficulty walking around his facility that we went back to the doctor, and that's when we found out. Actually, I found out, because the medical records had went to storage, that he had pulmonary -- or they said he had pulmonary fibrosis. And that had not been shared with him. Now he had more severe damage.

But, even then, we were devastated and basically listened to the advice of, Go to pulmonary rehab; it's difficult, don't -- you know, there's not too much that can be done. And we kind of lived our lives. He retired. We bought a scooter. We travelled.

It wasn't until this past year that his health really, really, really deteriorated. And by this time, we are asking for every test. I didn't realize until I knew Dr. Buckman that there was a law that said I couldn't have these results. I knew -- directly -- I knew it was very difficult to get them, but I didn't quite understand why.

The real scary part of this, after seven weeks of hospitalization this year -- and my husband -- and we finally have gotten a second opinion, both in-state and out of state -- is that now they're questioning whether he ever had pulmonary fibrosis at all. And he is getting treatment and it's helping him, and he's improving, significantly improving. But his lung damage that was done, that has been done, is done. It cannot be corrected.

So I'm hoping that he is going to continue to

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get better, and we're learning to live with what he has. And we're also working on getting him on a transplant list for a lung transplant, which hopefully he won't need, as he really is getting better.

And we're religious about making certain we have all the -- the information, but it's exhausting working our current system. It's exhausting trying to get this, in terms of the delays and the time constraints, and so forth. And I'm not here to blame his doctors, in a sense, because I don't know what would have happened if we had different information early on. But what I am saying, as AARP believes, that it's the right of a consumer to be told what their information is. And I believe consumers should be educated and encouraged to learn how to better monitor their health care, and they can't do that if they don't have information.

And, finally, as the two speakers before me said, this is a critical thing that needs to be changed if we are going to successfully implement health information technology in Connecticut.

Thank you.

SENATOR GERRATANA: Thank you, Mrs. Kelley, for your testimony. And we do appreciate that.

How are you doing?

BRENDA KELLEY: I'm fine.

SENATOR GERRATANA: Good.

BRENDA KELLEY: But it's been a tough year.

SENATOR GERRATANA: Yeah.

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BRENDA KELLEY: And -- and I'm saying that I think a lot of patients, a lot of people are scared. I mean, they don't even ask for the results.

SENATOR GERRATANA: Hmm.

BRENDA KELLEY: But I think patients need to be encouraged to be a real partner in their health care and --

SENATOR GERRATANA: Absolutely.

BRENDA KELLEY: And -- and to have the information that allows them to ask good questions and to make good decisions, and also to designate other doctors, because my husband has multiple physicians in his life right now. And it's ridiculous that he has to keep having a test repeated every time he goes to a different doctor. So --

SENATOR GERRATANA: Hmm.

BRENDA KELLEY: -- some of the -- the language is not the right language; I think you've heard that. But AARP will join with the other speakers in helping get it so that it complies with the meaningful-use criteria and will work. But we desperately need you to -- to address these issues.

SENATOR GERRATANA: Yes. I -- in fact, my Co-chair and I were just talking about that. We're looking or wanted to look at the current statute and see, you know, what we could do to address it appropriately through those barriers, so we appreciate your testimony.

BRENDA KELLEY: Excellent. Thank you, very much.

SENATOR GERRATANA: Thank you.



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE COMMITTEE ON PUBLIC HEALTH
March 23, 2011

John Fontana, Ph.D. (HCLD) ABB, Laboratory Branch Chief, 860-509-8500

Senate Bill 1201 - An Act Concerning Patient Access and Control Over Medical Test Results

The Department of Public Health provides the following information regarding Senate Bill 1201. This bill would require health care providers to authorize clinical laboratories to directly communicate medical testing results to the patient, unless the provider has determined that this information would be detrimental to the patient. While the Department supports the concept of affording patients more ready access to their medical records, including medical testing results, we unfortunately are not at a point where the State Public Health Laboratory could realistically communicate test results to patients on a routine basis. Our laboratory information system is almost 40 years old, and reprogramming our system is not a viable option. We have instead opted to replace the system. Implementing the new system laboratory-wide is a multi-year effort, in which we are actively engaged. As part of that effort, we will explore the potential to implement an automated solution for communicating test results directly to patients. However, at this time, any such reporting is a manual process of printing and mailing test results directly to the patient. The Public Health Laboratory annually issues almost 200,000 medical test reports to health providers, and could not handle the workload or the costs for this volume of manual reports to patients. It should also be noted that the State Public Health Laboratory does not have a provider-patient relationship with the patients tested, and could not interpret test results for patients. This would of necessity remain the responsibility of the health care provider who ordered the testing.

For these reasons, we respectfully ask that, should this bill move forward, the State Public Health Laboratory be exempted from these reporting provisions. Thank you for your consideration of the Department's views on this bill.

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Good afternoon Senator Gerratana, Representative Ritter and Members of the Public Health Committee. I would like to express my support for SB 1201, **AN ACT CONCERNING PATIENT ACCESS AND CONTROL OVER MEDICAL TEST RESULTS**. This bill would make a common sense change and allow patients direct access to their laboratory test results. Currently patients do have rights to their test results but these results must be obtained from the healthcare providers. The supposed rationale for this is that patients are not sufficiently informed or competent to interpret these results. That is quite patronizing to the patients; it is a mindset from a different time when patients were "protected" from their diagnoses. If patients have questions regarding the meaning of these results they would be able to query their providers. Under this legislation doctors would be allowed to prevent direct access if the doctor believed such access would be harmful. Allowing direct access to laboratory test results would increase transparency in medicine and thus improve quality of care. In addition, with the current confusing state of our healthcare system, allowing direct access to patients may prevent alarming test results from being lost in the system. Thank you for raising this important issue.



Public Health Committee

**Testimony of Dr. Neena Singh of Quest Diagnostics
Regarding S.B. 1201**

MARCH 23, 2011

Good morning Senator Gerratana, Representative Ritter and members of the Public Health Committee.

Quest Diagnostics is the nation's leading provider of diagnostic testing, information and services. The company operates one of its regional laboratories in Wallingford, Connecticut, where we employ more than 800 people.

We join Representatives Pam Sawyer and Peggy Sayers in supporting the intent of this legislation--to allow the patient who is the subject of laboratory testing, as well as any licensed provider the patient designates, to have direct access to laboratory test results. In addition, it is our understanding that the intent of the bill is to permit physicians to have easier access to results of laboratory tests on patients under their care, where the tests have been ordered by other physicians treating the patient.

Unfortunately, the bill as drafted does not accomplish those goals. We look forward to reviewing a redraft of the bill that will reflect our understanding of the original intent of the legislation.

Federal law—both the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA)—does not expressly prohibit medical specialists or patients from obtaining test results, but generally defers to state laws regarding acceptable practices associated with the disclosure of laboratory results.

Furthermore, in March 2010, CMS issued interpretive guidelines to remove perceived barriers under CLIA to enable states to implement Health Information Exchanges (HIEs). Those guidelines expressly state that CLIA permits patients and medical specialists to obtain test results unless otherwise restricted by state law. While many states' laws are silent on this issue, Connecticut is one of the very few states which explicitly prohibit anyone other than the ordering practitioner to receive test results directly from the clinical laboratory.

The current Connecticut law was enacted before the existence of health information exchanges and other electronic advances, and this legislation should enable eHealth CT and the Health Information Technology Exchange of Connecticut to successfully implement their programs.

We believe that, once this bill has been redrafted, it will remove needless barriers to access to laboratory test results for both patients and medical specialists. Availability of all of a patient's laboratory results decreases ordering of repeat or unnecessary tests, lowering costs and improving patient care. We are in support of the legislation's intent and recommend that any concerns that might warrant specific exceptions or limits on the ability for patients or medical specialists to obtain laboratory test results be handled through the regulatory process, in order to allow for future advances in technology.

We appreciate the opportunity to express our views, and we look forward to working with you to enact meaningful improvements in the current law.

Testimony of Ronald Buckman in favor (with recommendations) of Senate Bill 1201
AN ACT CONCERNING PATIENT ACCESS AND CONTROL OVER MEDICAL TEST RESULTS.

Thank you to the legislators that raised the bill and the members of this committee for allowing me the opportunity to testify.

I am Ronald Buckman of Coventry. I am a practicing primary care physician. In my practice I have been using Electronic Medical Records since 2004. I am on the Boards of HITE-CT and eHealth-CT. I also serve on the NACCHO Public Health Informatics work group. I am here representing myself, the three physicians I practice with, and the approximately 12000 active patients registered with my practice that have chosen my partners and myself to advocate on behalf of their health and well being.

As you are aware, current laws and regulations in CT do not make it clear that patients have control over their own health information. All too often, I will have a patient with me in the office that had recently been to an emergency room or other physicians office where testing was done. Frequently, these patients were directed to follow up with me regarding those other visits. They assume that since they made the other provider or testing facility aware that I was their primary care physician and that the patient wanted me to have the information that I would have it. Unfortunately that almost never happens. Unless the original order specifies that other providers are to receive the information it is not available either in a timely manner or without a specific written release for that piece of information from the patient. This results in fractured, duplicative, inefficient and at its worst, bad care.

The purpose and intent of this bill, not reflected in the current language, should be to empower and authorize the patient (or their legal representative or guardian) to designate which providers, in addition to the ordering provider, should receive and/or have access to the test results ordered for the purposes of diagnosis, treatment or prognosis of such patient. Additionally, the bill should authorize the patient (or their legal representative or guardian) to designate themselves as receiving and/or having access to their test results.

Changing the language of the bill to reflect this intent will give the people of CT the ability to control their own medical information and enable CT to receive millions of dollars in federal funds related to the meaningful use of Electronic Health Records.

Draft Meaningful Use Criteria

<i>Stage 1</i>	<i>Stage 2</i>	<i>Stage 3</i>	etc.
	one electronic note by a physician, NP, or PA	one electronic note by a physician, NP, or PA	
(NEW)	30% of EH medication orders automatically tracked via electronic medication administration recording	80% of EH inpatient medication orders are automatically tracked via electronic medication administration recording	
Engage Patients and Families in Their Care			
Stage 1 Final Rule	Proposed Stage 2	Proposed Stage 3	Comments
Provide electronic copy of health information, upon request (50%)	Continue Stage 1	90% of patients have timely access to copy of health information from electronic health record, upon request	Only applies to information already stored in the EHR
Provide electronic copy of discharge instructions (EH) at discharge (50%)	Electronic discharge instructions for hospitals (which are given as the patient is leaving the hospital) are offered to at least 80% of patients (patients may elect to receive a printed copy of the instructions)	Electronic discharge instructions for hospitals (which are given as the patient is leaving the hospital) are offered to at least 90% of patients in the common primary languages (patients may elect to receive a printed copy of the instructions)	Electronic discharge instructions may include items like a statement of the patient's condition, discharge medications, activities and diet, follow-up appointments, pending tests that require follow-up, referrals, scheduled tests
EHR-enabled patient-specific educational resources (10%)	Continue Stage 1	20% offered patient-specific educational resources online in the common primary languages	
(NEW for EH)	80% of patients offered the ability to view and download via the EHR's secure portal or the private and secure service of a business	80% of patients offered the ability to view and download via the EHR's secure portal or the private and secure service of a business	"Uniformly" implies HITSC should pick a single standard for human readable and a single standard for structured. Inpatient summaries

	2013 (HITSC to define; e.g., use of PDF or text)	(HITSC to define; e.g., use of CCD or CCR)	signs; diagnostic test results; clinical instructions; orders; future appointment requests; referrals; scheduled tests; gender; race; ethnicity; date of birth; preferred language; advance directives; smoking status
Provide timely electronic access (EP) (10%);	Patients have the ability to view and download (on demand) relevant information contained in the longitudinal record, which has been updated within 4 days of the information being available to the practice. Patient should be able to filter or organize information by date, encounter, etc. Data are available in a uniformly human-readable form by 2013 (HITSC to define; e.g., use of PDF or text).	Patients have the ability to view and download (on demand) relevant information contained in the longitudinal record, which has been updated within 4 days of the information being available to the practice. Patient should be able to filter or organize information by date, encounter, etc. Data are available in a uniformly structured form by 2015 (HITSC to define; e.g., use of CCD or CCR).	<p>"Uniformly" implies HITSC should pick a single standard for human readable and a single standard for structured.</p> <p>The following data elements are included: encounter dates and locations; reasons for encounters; providers; problem list; medication list; medication allergies; procedures; immunizations; vital signs; diagnostic test results; clinical instructions; orders; longitudinal care plan; gender; race; ethnicity; date of birth; preferred language; advance directives; smoking status.</p>
This objective sets the measures for "Provide timely electronic access	EPs: 20% of patients use the EHR's secure portal or the private and	EPs: 30% of patients use the EHR's secure portal or the private and	

Brenda
Kelley
SB 1201



**AARP Testimony to the Public Health Committee
March 23, 2011
Regarding S.B. 1201**

With nearly 600,000 members 50+ in Connecticut and nearly 40 million members nationally, AARP supports the intent of SB 1201. We believe SB 1201 will empower consumers to be better equipped to be real partners in their personal health care. In order to be a real partner, AARP believes consumers must be able to access their personal health information conveniently and affordably. Consumers also should be able to share their health information with the medical professions providing their health care without burdensome processes or unreasonable fees. This is especially important for consumers with chronic health care conditions, but we believe this is a right that all consumers have to their personal health information and how it is used.

AARP supports the intent of this proposed legislation which is to allow patients, who are the subject of laboratory testing, as well as any licensed provider the patient designates, to have direct access to laboratory test results. We also understand that the intent of this bill is to permit physicians to have easier access to results of laboratory tests on patients under their care, where the tests have been ordered by other physicians treating the patient. Connecticut is one of the very few states which explicitly prohibits anyone other than the ordering practitioner to receive test results directly from the clinical laboratory. The result is that patients do not have convenient access to vital health information, their health care providers may not have all the information they need to provide quality care, and this often results in costly and unnecessary duplicate testing.

The current Connecticut law also was enacted before the existence of health information exchanges and other electronic advances, and this legislation should enable eHealth CT and the Health Information Technology Exchange of Connecticut to successfully implement their programs.

We believe that once this bill has been redrafted, it will remove needless barriers to access to laboratory test results for both patients and medical specialists. Availability of all of a patient's laboratory results will decrease ordering of repeat or unnecessary tests, lowering costs and improving patient care.

AARPs look forward to working with you on the final language of SB 1201 and your efforts to improve current Connecticut state law that will result in much improved patient care while lowering costs for consumers, medical practitioners, and Connecticut tax payers.



State of Connecticut

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Testimony by Representative Pam Sawyer
Before the Public Health Committee
On rSenate Bill 1201
March 23, 2011
10:00 Room 1D

SB1201

RE: In Support - with recommendations; AN ACT CONCERNING PATIENT ACCESS AND CONTROL OVER MEDICAL TEST RESULTS.

Dear Chairmen Gerratana and Ritter, Ranking Members Perillo and Welch, and distinguished members of the Public Health Committee:

Most people are not aware that when they have major blood work done, they cannot have it forwarded directly from the lab to their other medical providers.

The process that happens now is very inefficient and time delayed. A patient must request the *doctor who ordered the test* to have copies made and forwarded to other medical providers. Conflicting statutes and regulations have caused this dilemma.

Having specialized tests copied at the testing facility and sent on to other physicians or dentists at the patient's request, could have immediate positive health benefits, save valuable time, and money.

Say a woman has major blood work-up ordered by her OB-GYN, the results could be very helpful if her dentist is aware of her current complete blood count (CBC) prior to having major dental work done. Or if the CBC is quickly forwarded on to her primary care physician, her doctor has the immediate benefit of knowing her most current condition for her next visit and can make a determination if it would have a critical impact on her treatment.

Or a cardiac patient who is sent for a specialized blood test may wish to have the work-up sent to his primary care physician, which would aid any other medical decisions by that doctor for ongoing treatment.

This bill needs language clarified so that a *patient will be empowered* to have their personal medical test results forwarded from the lab to his or her other medical providers.

A suggestion to improve bill, is to have the language say:

A provider or, at the request of the patient, the testing facility shall notify a patient of any test results in the provider's possession or requested by the provider for the purposes of diagnosis, treatment or prognosis of such patient. In addition, upon request of the patient, a testing facility shall notify any other provider specified by the patient of any test results requested by the ordering provider for the purposes of diagnosis, treatment or prognosis of such patient.

A patient owns his or her own test results. It is important that everyone has the ability to efficiently move results to other people involved in a person's health care. Thank you for your time and attention to this bill that will work well as part of e-health in Connecticut.

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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

**PROCEEDINGS
2011**

**VOL. 54
PART 11
3323 - 3673**

lxe/tmj/mb/gbr
SENATE

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May 26, 2011

THE CLERK:

The motion is on adoption of Consent Calendar
Number 1.

Total Number Voting	36
Those Voting Yea	36
Those Voting Nay	0
Those Absent, Not Voting	0

THE CHAIR:

Consent Calendar passes.

Mr. Clerk.

THE CLERK:

Calendar page 9, Calendar Number 357, File
Number 575, substitute for Senate Bill 1201, AN ACT
CONCERNING PATIENT ACCESS AND CONTROL OVER MEDICAL
TEST RESULTS. Favorable report of the Committee on
Public Health.

(President in the Chair.)

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6th):

Thank you, Madam President. I move acceptance
of the Joint Committee's Favorable Report and

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passage of the bill.

THE CHAIR:

On acceptance of the bill, will you remark further?

SENATOR GERRATANA (6th):

Thank you, Madam President, I will. This bill before us allows a patient or a provider -- provides -- I'm sorry -- who orders medical tests for the patient so requests a clinical laboratory must supply the test results to any other provider who is seeing the patient for treatment and diagnosis or prognosis purposes. And it also says that a provider can issue a single authorization allowing a clinical laboratory or other entity performing medical testing to give directly to the patient the test results in situations where the provider asks the patient to submit to repeat testing at regular intervals over a specified period of time.

This kind of testing may be for diabetes and the patient has to go in, time after time, to receive the tests. The bill before us does define "clinical laboratory" and it enables quicker and faster and more efficient release of medical tests

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to a patient. Thank you, Madam President.

THE CHAIR:

Thank you, Senator.

Will you remark?

Senator Welch, good evening, sir.

SENATOR WELCH (31st):

Good evening, Madam President. Thank you. I rise in support of this bill. This is a good bill. It solves a lot of problems that -- that people are experiencing out there with respect to access to their own information and it also will help people who are dealing with multiple providers and need to get information from one provider to the next and yet need to do so in an expedited form.

It's also good because it requires the Department of Public Health to be involved in the process by adopting regulations to make sure things don't fall through the cracks, things are done properly -- private personal information is adequately protected. So with respect to all of that, I stand in support of this bill. It's a good bill and I urge my colleagues to vote for it. Thank you, Madam President.

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Thank you, sir.

Will you remark further?

Senator Kane.

SENATOR KANE (32nd):

Thank you, Madam President. Good evening.

THE CHAIR:

Good evening, sir.

SENATOR KANE (32nd):

Through you, a question to the proponent of the bill.

THE CHAIR:

Please proceed, sir.

SENATOR KANE (32nd):

Thank you, Madam President. The bill obviously allows patients access to medical test results. Through you, was that not the case prior to this legislation?

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6th):

Through you, Madam President. This bill actually facilitates that process, and there, of course, a provider -- it says in the legislation before us and in statute, the provider upon request

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would give test results to their patient, the person who is receiving the test. Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE (32nd):

Thank you, Madam President. When you say give the patient test results, is that in a physical nature? Through you.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6th):

Through you, Madam President. Sometimes a provider will do it over the phone, give an oral result. Sometimes if it is requested by the patient it may be given in writing, or the patient may request the provider to please provide it writing. Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE (32nd):

Thank you, Madam President. I guess my question is, do we not do that now? I mean if I had blood work done and then I called the doctor's

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office and I say, "Hey, how did it come out," and they would let me know. Isn't that the same thing? I'm trying to understand the difference here. Through you.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6th):

Through you, Madam President. It is a little subtle, Senator, but through you, I had a long conversation with our drafting attorney about the very same thing and he said the -- the way the bill is drafted now with the addition of some of the language that we have here, particularly "shall supply to a patient upon request," that's current language. But he explained to me that there is -- it facilitates the process. Through you, Madam President.

THE CHAIR:

Thank you.

Senator Kane.

SENATOR KANE (32nd):

Thank you, Madam President. I thank the -- I thank you for the answer, Senator Gerratana, but facilitates in what regard? In -- in a matter of

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time? Or in another fashion? Through you.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6th):

Through you, Madam President. As I understand it, it's a little more subtle and the language is just a little more enabling. Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE (32nd):

Thank you, Madam President. Do the results we're speaking of -- are they -- is there any additional cost that would be incurred, whether it be for the patient, the insurance company, the -- through the doctor's office, whomever. Through you.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6th):

Through you, Madam President. Not that I'm aware of, no. Through you.

THE CHAIR:

Senator Kane.

SENATOR KANE (32nd):

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Good. Good. Thank you, Madam President. And one more question if I might. Are we in compliance with HIPAA regulations in regards to this bill?

Through you.

THE CHAIR:

Sorry. Senator Gerratana.

SENATOR GERRATANA (6th):

Through you, Madam President. HIPAA does apply. It applies to clinical laboratories, providers. Yes, HIPAA is always in place; that is federal law. Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE (32nd):

Thank you, Madam President. And one last question if I could. Does this talk or concern about family members getting results for other family members, or is this just the individual? Through you.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6th):

Through you, Madam President. It's a patient-provider relationship. Through you, Madam

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President.

THE CHAIR:

Senator Kane.

SENATOR KANE (32nd):

Thank you, Madam President. Even -- what about in the event of a minor? Through you.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6th):

Through you, Madam President. I can't comment -- in this particular language on that in saying whether a minor would have access. My understanding would be, at least the way the bill is drawn, through you, that a minor would not have access. I think other situations and law applies and that is in other statutes. Through you, Madam President.

THE CHAIR:

Senator Kane.

SENATOR KANE (32nd):

Thank you, Madam President. And is there any requirements in here for any other languages to be required? Through you.

THE CHAIR:

Senator Gerratana.

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SENATOR GERRATANA (6th):

Through you, Madam President. I'm sorry. I didn't quite understand the question.

THE CHAIR:

Could you repeat your question, sir?

SENATOR KANE (32nd):

Thank you, Madam President. Meaning I would assume results are given in English. Is there any requirement that they be provided in another language, i.e. Spanish, or another language?

Through you.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6th):

Through you, Madam President. As far as I know, the way sections that we're talking about, through you, there is no requirement in another language or translation that I'm aware of. Through you, Madam President.

THE CHAIR:

Great. Thank you, Madam President. I thank Senator Gerratana for her answers. I did support this legislation in committee and will be voting for it today. Thank you, Madam President.

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THE CHAIR:

Thank you, Senator.

Will you remark further?

Senator Fasano, welcome back, sir.

SENATOR FASANO (34th):

Thank you, Madam President. Thank you very much. To the proponent of the bill, through you, Madam President.

THE CHAIR:

Please proceed, sir.

SENATOR FASANO (34th):

The question I would have would deal with Section C. Let me preface this by saying I'm in favor of the legislation. But on Section C, more of legislative intent, it says a provider who requests that his or her patient submit to repeated medical testing at regular intervals over a specific period of time.

Just stopping there on that legislation for a second, what would be repeated medical testing? One, two, three times? And a period of time, would that be months, years, days? Just so I can have an understanding of where this would apply to. What I'm driving at is that a -- you know, someone may

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have a physical yearly or maybe even every six months or some test for diabetes or high blood pressure, those types of things. What would be the meaning, if I would, through those words? Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6th):

Through you, Madam President. It does say specified, not specific, but specified period of time, and in this case -- I gave an example when I was talking about the bill and that is -- that it may be -- a diabetic who needs certain blood tests. It may be other physical conditions where blood -- blood or other -- there's actually a description of what we're talking about on the legislation of the kinds of tests that may be performed.

There may be certain medical conditions where a patient needs repeated tests to check on the condition. That period of specified time would be something that I would assume would be between the provider and the patient and that would go on for as long as, again, an educated assumption here, that for as long as the patient has the condition and

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needs this kind of testing. Through you, Madam
President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO (34th):

I thank the good Senator for that answer. And then my understanding is in Section C again -- so I guess the envision of this Section C is that the provider and the patient will talk about the testing necessary for ascertaining a diagnosis, a prognosis, or course of treatment. They'll have a conversation and I guess it's incumbent upon the provider to inform the patient of this ability to -- of this particular section we're relying upon the provider to inform the patient? Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6th):

Through you, Madam President. This would facilitate communication a far quicker way, if you will, because the patient would know of the condition that he or she has that the test result shows and could then discuss with the provider -- a

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provider and patient would know and then they could
take appropriate course of action. Through you,
Madam President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO (34th):

Thank you, Madam President. And through you,
again. And my understanding is on the last line of
Section C it says that the results of such testing
would be communicated directly to the patient and
that would be, as I understand it, by the laboratory
doing the -- getting the test results. When they
finalize those results, that would go directly to
the patient. Is that correct? Through you, Madam
President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6th):

Through you, Madam President. Yes.

THE CHAIR:

Senator Fasano.

SENATOR FASANO (34th):

And through you, Madam President. Would that
information be by way of a phone call? "Hey,

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listen, I've got your test results, this is what it is." Would it be the actual test that comes out of the machine saying whatever they say about levels of whatever? Would it be an e-mail? What would, in your view with respect to this bill, constitute that communication? Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6th):

Through you, Madam President. Usual and customary way is that the clinical laboratory, where they have a written test they would give the results both to the provider and the patient and I believe in my discussions with certain -- some of the laboratories, that some of them do do electronic transmittal. Through you, Madam President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO (34th):

Thank you. So through you, once again for clarification purposes, the transmission of these test results could either be electronic or mailed. Would there be an explanation required? In other words, if I had a blood test and it came back

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whatever, I probably wouldn't know what that actually meant. Or would it just be the numbers that came out with no explanation from the clinical laboratory. Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6th):

Through you, Madam President. These are medical situations that are ongoing, usually chronic, usually a disease that exists. This is a way for the patient to monitor and know what is going on with her -- his or her condition, and this is a way, again, to facilitate that communication.

You know, the testimony that was given is usually the patient and the provider are very well aware of this ongoing situation, this ongoing disease or medical condition, and they are both able to work together, if you will, in communicating to each other a course of action as I had described. Thank you, Madam President.

THE CHAIR:

Senator Fasano.

SENATOR FASANO (34th):

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Thank you, Madam President. I thank the good Senator for her answers in clarifying what potentially would be some confusion in the language for the legislative intent. Madam President, over all I think this bill is a good bill. I think that allowing a patient to provide medical results to other providers during the course of the treatment without the requirement of continually doing the medical authorization certainly is going to facilitate the issue.

Recently I've come across that problem where a particular friend of mine was undergoing some significant treatment, and every time they went to a specialist there was a requirement to get a medical release and information sent and paperwork to go with that and that slowed down the appointments to weeks, not just days. So I think that being able to have a disclosure that allows us to proceed more quickly to other providers is a very good thing.

As far as the repeated testing and keeping the patient in the loop, once again, I think that just gives the patient the right to keep a shadow file of their medical file so they can look at it and perhaps seek other experts where required. This way

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you don't have to say, "Can I get my tests over the last six months that you've done on this particular ailment since you have not identified the ailment," write to them, get the medical release, have the tests sent back. A lot easier to have that shadow file, pick it up and perhaps go see another expert for a second opinion.

So I think with all these in place, I think this does a -- a wonderful step forward. I thank the -- committee, the ranking members and the chairs for their work on this and it's much needed. Thank you, Madam President.

THE CHAIR:

Thank you, Senator Fasano.

Will you remark further?

Senator Suzio.

SENATOR SUZIO (13th):

Thank you, Madam President. I, too, support the bill, but I do have one question I'd like to ask the proponent if I may, through you, Madam President.

THE CHAIR:

Please. Please proceed, sir.

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Senator Gerratana, prepare yourself.

SENATOR SUZIO (13th):

The question I have is this. In Section 1, Subsection A, the term "provider" was originally there and its definition, and that's been struck and replaced with "clinical laboratory" yet the term "provider" continues to be used repeatedly in the -- in the bill. Why was the -- definition of "provider" actually struck?

Usually when you're using a term which could be associated in a number of ways, it's clearly defined and I'm just wondering since it was there and then struck, why it was struck and not retained and -- to make its meaning a little more clear. Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6th):

Through you, Madam President. The word "provider" was struck because we wanted to describe in the legislation that we're talking about a clinical laboratory and if you notice that also the section in the statute 20-7b was deleted and 19a-30 was inserted so we've come up with, through you,

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Madam President, a definition of a clinical
laboratory.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO (13th):

Thank you. And through you, Madam President.
So the term "provider" doesn't have any other
meaning? In other words, it can't be construed in
any other way? It doesn't have any other -- because
again it's used repeatedly throughout and it might
seem self-evident, but to me, again I make a living
interpreting and reading regulations and it's one of
those things I look and I say, boy I would have
liked to have seen the term "provider". If it's
going to be repeatedly used in here, I would like to
have seen it more clearly and explicitly defined.
Through you, Madam President.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA (6th):

Through you, Madam President. I think that was
a comment, through you, not a question.

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That's true.

SENATOR GERRATANA (6th):

Thank you.

THE CHAIR:

Senator Suzio, was that a question?

SENATOR SUZIO (13th):

Well, it was actually an implied question.
Just a reaction from the -- from the good Senator.
Through you, Madam President.

THE CHAIR:

I think she reacted, sir.

Senator Gerratana.

SENATOR GERRATANA (6th):

Well, again, through you, Madam President. I
believe just to be consistent, we wanted -- we
wanted to make sure that we knew what we were
talking about in this instance and that is the
clinical laboratory.

THE CHAIR:

Senator Suzio.

SENATOR SUZIO (13th):

Thank you, Madam President, and again, I want
to commend the good Senator and others who worked on
this bill. I think it's an important piece of

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legislation that advances the common good of
Connecticut. Thank you very much for your work. I
will support the bill.

THE CHAIR:

Thank you.

Will you remark? Will you remark? If not,
will the Clerk please call the roll and the machine
will be open.

THE CLERK:

Immediate roll call has been ordered in the
Senate. Will all Senators please return to the
Chamber. An immediate roll call has been ordered in
the Senate. Will all Senators please return to the
Chamber.

THE CHAIR:

Have all members voted? If all members have
voted, the machine will be closed. Mr. Clerk, will
you call a tally, please.

THE CLERK:

The motion is on passage of Senate Bill 1201.

Total Number Voting	36
Those Voting Yea	36
Those Voting Nay	0
Those Absent, Not Voting	0

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THE CHAIR:

The bill has passed.

Senator Looney.

SENATOR LOONEY (11th):

Thank you, Madam President. Good evening,
Madam President.

THE CHAIR:

Good evening, sir.

SENATOR LOONEY (11th):

Yes, Madam President, I have a -- have several more items to mark as go at -- at this time. First is Calendar page 28, Calendar 111, Senate Bill 144, would mark that item go. Also Calendar page 28, Calendar 113, Senate Bill 867, marked go. And, Madam President, returning to an earlier part of the Calendar, then Calendar page 5, Calendar 225, Senate Bill 469 is marked go. And Calendar page 7, Calendar 280, Senate Bill 1199, is marked go.

THE CHAIR:

Thank you, Senator.

Mr. Clerk.

THE CLERK:

Calendar page 28, Calendar Number 111, File Number 117, Senate Bill 144, AN ACT CONCERNING