



**Connecticut Academy  
of Family Physicians**

**Statement in opposition to**

**Senate Bill 88 – An Act Requiring Electronic Medical Records**

**Public Health Committee**

**January 31, 2007**

The members of the Connecticut Academy of Family Physicians submit this statement in opposition to Senate Bill 88 – An Act Requiring Electronic Medical Records (EMRs).

In an ideal world, all physicians would use an Electronic Medical Record (EMR) system as they can provide an efficient way to store and retrieve medical records and share information between health care providers. However, we do not live in an ideal world and there are still problems with EMR systems that need to be resolved before mandating that all physicians must use them.

There are currently no national standards for EMR. A lack of national standards leads to concerns with privacy, security, interfacing, authentication of signature, identity theft and more.

In addition, EMR systems are very costly. The average system for a small practice can cost up to \$33,000 per physician. In one East Granby family practice, which

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went live with its system on April 1, 2005, the practice spent about \$128,000 to implement its EMR system. This is often times out of the realm of possibility for many family practices. In addition to the up front costs of implementing an EMR system there are the additional costs to maintain the system and keep up with the ever changing requirements of managed care companies, hospitals, pharmacies, labs, and public agencies. The above-mentioned practice pays \$15,000 for annual maintenance.

In addition, there is also the cost of adding old records. The digital scanning process used to convert old paper records into EMR records is a very expensive and time consuming process and many records once scanned are not even legible. Further many EMR systems are written in formats that are not currently supported by software in physicians offices which means that a physician must absorb even more costs than just the EMR system in order for it to interface with his or her office. Add this to the hiring of a consultant, staff training and more and the idea of an EMR system becomes too costly and overwhelming for small and even medium practices to handle.

Because of the lack of national standards and the expense associated with implementing an EMR standard, we respectfully request that physicians be allowed to proceed at their own pace when implementing such systems.

**For more information, please contact:**

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