



General Assembly

Amendment

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LCO No. 8220

HB0660008220SRO

Offered by:

SEN. MCKINNEY, 28th Dist.

SEN. FASANO, 34th Dist.

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To: Subst. House Bill No. 6600

File No. 996

Cal. No. 674

**"AN ACT CONCERNING THE ESTABLISHMENT OF THE
SUSTINET PLAN."**

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (*Effective from passage*) On or before July 1, 2009, the
4 Department of Public Health shall submit, in accordance with the
5 provisions of section 11-4a of the general statutes, to the joint standing
6 committee of the General Assembly having cognizance of matters
7 relating to public health, the state-wide health information technology
8 plan developed pursuant to section 19a-25d of the general statutes.

9 Sec. 2. (NEW) (*Effective from passage*) (a) Not later than June 1, 2009,
10 the Governor, in consultation with the speaker of the House of
11 Representatives, the president pro tempore of the Senate, the
12 chairpersons and ranking members of the joint standing committee of
13 the General Assembly having cognizance of matters relating to public

14 health, the Lieutenant Governor and the Commissioner of Public
15 Health, shall designate an entity to serve, on and after July 1, 2009, as
16 the lead health information exchange organization for the state. The
17 designated entity shall, in consultation with the Department of Public
18 Health, seek private and federal funds, including funds made available
19 pursuant to the federal American Recovery and Reinvestment Act of
20 2009, for the initial development of a state-wide health information
21 exchange. Any private or federal funds received by such entity may be
22 used for the purpose of establishing health information technology
23 pilot programs. Beginning on October 1, 2009, such entity shall submit,
24 in accordance with the provisions of section 11-4a of the general
25 statutes, quarterly reports to the joint standing committee of the
26 General Assembly having cognizance of matters relating to public
27 health and to the Department of Public Health on any private or
28 federal funds received during the preceding quarter and, if applicable,
29 how such funds have been expended. Such reports shall minimally
30 include the total amount of funds and the source providing such
31 funds.

32 (b) The entity designated, pursuant to subsection (a) of this section,
33 as the lead health information exchange organization for the state
34 shall: (1) Facilitate the implementation and periodic revisions of the
35 health information technology plan after the plan is initially submitted
36 in accordance with the provisions of section 1 of this act, including the
37 implementation of an integrated state-wide electronic health
38 information infrastructure for the sharing of electronic health
39 information among health care facilities, health care professionals,
40 public and private payors and patients, and (2) on or before February
41 1, 2010, and annually thereafter, report, in accordance with the
42 provisions of section 11-4a of the general statutes, on the
43 implementation of such plan to the joint standing committee of the
44 General Assembly having cognizance of matters relating to public
45 health. Such report shall include details concerning the status of the
46 implementation of the health information technology plan, and may
47 include recommended revisions to such plan, statutory changes

48 needed to facilitate the implementation of such plan and funding
49 needed to effectuate such plan along with the proposed sources of
50 such funding.

51 Sec. 3. (NEW) (*Effective from passage*) The entity designated, pursuant
52 to subsection (a) of section 2 of this act, as the lead health information
53 exchange organization for the state shall develop standards and
54 protocols for privacy in the sharing of electronic health information.
55 Such standards and protocols shall be no less stringent than the
56 "Standards for Privacy of Individually Identifiable Health Information"
57 established under the Health Insurance Portability and Accountability
58 Act of 1996, (P.L. 104-191), as amended from time to time, and
59 contained in 45 CFR 160, 164. Such standards and protocols shall
60 require that individually identifiable health information be secure and
61 that access to such information be traceable by an electronic audit trail.

62 Sec. 4. (NEW) (*Effective from passage*) (a) Not later than June 1, 2009,
63 the Department of Public Health shall develop, in consultation with
64 the Attorney General and within existing budgetary resources, conflict
65 of interest policies that shall be applicable to the board of directors,
66 employees and agents of the entity designated, pursuant to subsection
67 (a) of section 2 of this act, as the lead health information exchange
68 organization for the state.

69 (b) In carrying out the responsibilities prescribed under sections 2
70 and 3 of this act, the board of directors, employees and agents of such
71 entity shall be subject to conflict of interest policies established by the
72 Department of Public Health, pursuant to subsection (a) of this section,
73 to ensure that deliberations and decisions are fair and equitable.

74 Sec. 5. (NEW) (*Effective July 1, 2011*) (a) There is hereby created as a
75 body politic and corporate, constituting a public instrumentality and
76 political subdivision of the state created for the performance of an
77 essential public and governmental function, the Connecticut Health
78 Care Cost Containment Authority which is empowered to carry out
79 the purposes of the authority, as defined in subsection (b) of this

80 section, which are hereby determined to be public purposes for which
81 public funds may be expended. The Connecticut Health Care Cost
82 Containment Authority shall not be construed to be a department,
83 institution or agency of the state.

84 (b) "Purposes of the authority" means the purposes of the authority
85 expressed in and pursuant to this section, including with respect to the
86 promotion, planning and designing, developing, assisting, acquiring,
87 constructing, reconstructing, improving, maintaining and equipping
88 and furnishing of health care, health care information technology and
89 the health care delivery system and assisting directly or indirectly in
90 the financing of the costs thereof.

91 (c) The Connecticut Health Care Cost Authority shall develop a
92 community-based health care utility model that shall reform the
93 delivery of health care services in the state and finance the
94 procurement of the technology that is required for the implementation
95 of a comprehensive chronic disease management program and a
96 wellness and prevention program administered through use of
97 medical homes. Such model shall: (1) Prioritize the use of medical
98 homes to improve outcomes for those who are chronically ill; (2) place
99 emphasis on the use of case management services, disease
100 management and care coordination; (3) leverage federal dollars to the
101 maximum extent permissible to establish a viable health information
102 exchange throughout the state; (4) reduce reliance on emergency room
103 care as a means of accessing health care; (5) promote preventive care
104 and wellness programs; (6) promote shared decision making between
105 health care providers and their patients; and (7) provide incentives to
106 health care providers who demonstrate improved health outcomes for
107 patients through implementation of the practices set forth in this
108 subsection.

109 Sec. 6. (NEW) (*Effective July 1, 2011*) (a) As used in this section and
110 section 7 of this act:

111 (1) "Shared decision making" means a process whereby a physician

112 or other health care provider discusses with a patient, or his or her
113 representative, the information specified in this section with the use of
114 a patient decision aid and such patient shares personal information
115 with the health care provider for purposes of evaluating treatment
116 options and possible side effects associated with such treatment
117 options; and

118 (2) "Patient decision aid" means a written, audio-visual, or online
119 tool that provides a balanced presentation of the health condition and
120 treatment options, benefits and harms associated with such treatment
121 options, including, if appropriate, a discussion of the limits of scientific
122 knowledge about health outcomes. Any such patient decision aid shall
123 be certified by one or more national certifying organizations.

124 (b) If a patient while legally competent, or his or her duly
125 authorized legal representative if such patient is not competent, signs:
126 (1) A consent form, prepared in language that the patient could
127 reasonably be expected to understand that contains: (A) The nature
128 and character of the proposed treatment; (B) the anticipated results of
129 the proposed treatment; (C) the recognized possible alternative forms
130 of treatment, including nontreatment; (D) the recognized serious
131 possible risks, side effects and complications associated with such
132 treatment; (E) anticipated benefits of such treatment; and (F) a
133 statement that advises the patient of the actions that he or she should
134 take should such patient experience any side effects or complications
135 associated with such treatment; or (2) a statement that such patient has
136 made an informed decision not to be apprised of the elements set forth
137 in subdivision (1) of this subsection; then such signed consent form or
138 signed statement of the patient's informed decision not to be apprised
139 of treatment options shall constitute prima facie evidence that such
140 patient provided informed consent to the health care provider for the
141 treatment administered or alternatively made an informed decision not
142 to be apprised about treatment options. The health care provider shall
143 ensure that the patient is immediately provided with a copy of any
144 statement signed pursuant to the provisions of this subsection. A
145 patient who signs such consent form or statement indicating that such

146 patient has made an informed decision not to be apprised of treatment
147 options shall have the burden of rebutting by a preponderance of the
148 evidence that such consent was not in fact informed consent or that
149 such informed decision not to be apprised of treatment options was
150 not in fact an informed decision.

151 (c) If a patient while legally competent, or his or her representative
152 if he or she is not competent, signs an acknowledgement of shared
153 decision making, such acknowledgement shall constitute prima facie
154 evidence that the patient gave his or her informed consent to the
155 treatment administered and such patient shall have the burden of
156 rebutting by clear and convincing evidence that such consent was not
157 in fact informed consent. An acknowledgement of shared decision
158 making shall include: (1) A statement that the patient, or his or her
159 representative, and the health care provider have engaged in shared
160 decision making as an alternative means of satisfying informed
161 consent requirements by law or professional accreditation standards;
162 (2) a brief description of the services that the patient and provider
163 jointly have agreed will be furnished on the patient's behalf; (3) a brief
164 description of the patient decision aid or aids that have been used by
165 the patient and provider to address: (A) High-quality, up-to-date
166 information about the patient's condition, including, treatment
167 options, benefits and harms associated with such treatment options,
168 and, if appropriate, a discussion of the limits of scientific knowledge
169 about health outcomes; (B) values clarification that assists the patient
170 in selecting treatment options that conform with the patient's values
171 and preferences; and (C) guidance in the deliberative decision process,
172 that is designed to improve the patient's involvement in such decision
173 process; (4) a statement that the patient, or his or her representative,
174 understands the risk or seriousness of the disease or condition to be
175 prevented or treated, the available treatment alternatives, including
176 nontreatment, and the risks, benefits and uncertainties of the treatment
177 alternatives, including nontreatment; (5) a statement that advises the
178 patient of the actions that he or she should take should such patient
179 experience any side effects or complications associated with such

180 treatment; and (6) a statement certifying that the patient, or his or her
181 representative, has had the opportunity to ask the provider questions
182 and to have any questions answered to the patient's satisfaction, and
183 that indicates the patient's intent to receive the identified services. A
184 health care provider shall ensure that a patient who signs an
185 acknowledgement of shared decision making is immediately provided
186 with a copy of the signed document.

187 (d) A health care provider's failure to use a prescribed form shall not
188 be admissible as evidence of failure to obtain informed consent. A
189 health care provider's failure to engage in shared decision making,
190 with or without the use of a patient decision aid, shall not be
191 admissible as evidence of failure to obtain informed consent. There
192 shall be no liability, civil or otherwise, resulting from a health care
193 provider's choice to obtain informed consent by means of the signed
194 consent form described in subsection (b) of this section or the signed
195 acknowledgement of shared decision making described in subsection
196 (c) of this section.

197 Sec. 7. (NEW) (*Effective July 1, 2011*) (a) The Department of Public
198 Health, in collaboration with the State Comptroller, shall develop and
199 implement a shared decision-making demonstration project. The
200 demonstration project shall be conducted at one or more
201 multispecialty group practice sites providing state purchased health
202 care.

203 (b) The demonstration project shall include the following elements:
204 (1) Incorporation into clinical practice of one or more patient decision
205 aids for one or more identified preference-sensitive care areas
206 combined with ongoing training and support of involved health care
207 providers and practice teams, preferably at sites with necessary
208 supportive health information technology; and (2) an evaluation of: (A)
209 The impact of the use of shared decision making with patient decision
210 aids, including the use of preference-sensitive health care services
211 selected for the demonstration project and expenditures for those
212 services; (B) the impact on patients, including patient understanding of

213 the treatment options presented and the affinity between patient
 214 values and the care received; and (C) patient and provider satisfaction
 215 with the shared decision-making process.

216 (c) As a condition of participating in the demonstration project, a
 217 participating practice site shall bear the cost of selecting, purchasing
 218 and incorporating the chosen patient decision aids into clinical
 219 practice.

220 (d) Not later than July 1, 2012, the Commissioner of Public Health
 221 shall report, in accordance with the provisions of section 11-4a of the
 222 general statutes, on the status of the demonstration project to the joint
 223 standing committee of the General Assembly having cognizance of
 224 matters relating to public health."

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>July 1, 2011</i>	New section
Sec. 6	<i>July 1, 2011</i>	New section
Sec. 7	<i>July 1, 2011</i>	New section