

Testimony of Commissioner Cristine A. Vogel, MPH
Office of Health Care Access
Public Health Committee Public Hearing
Friday, February 27, 2009

Good Morning Senator Harris, Representative Ritter and distinguished members of the Public Health Committee. I am Cristine Vogel, Commissioner of the Office of Health Care Access (OHCA) and I thank you for the opportunity to testify in support of:

Senate Bill 980 An Act Concerning Certificates of Need; and
House Bill 6538 An Act Concerning The Collection and Release of Data
by the Office of Health Care Access

HB 6538 AAC the Collection and Release of Data by OHCA

This bill along with the facility planning bill that OHCA previously testified on is part of OHCA's effort to focus its energy on moving toward developing a statewide plan for the delivery of health care services and create the regulations to move forward on such a plan. This type of a plan which is common in other states, provides a thoughtful analysis and a planned approach for state government to measure and monitor areas of unmet need to be able to promote public policy development. To begin this process, the state must improve its access to the data. For example, because OHCA has the hospital data we are able to show that Connecticut has a high utilization rate for emergency department visits. However, I can then only make an assumption that the high rate may be related to an unmet need for primary care services because OHCA does not have such outpatient data to support that assumption. Currently, under 19a-613 OHCA does have the authority to collect outpatient data, but HB 6538 will improve upon that authority and will achieve four main objectives in the state's ability to collect and release the data. In summary, this bill:

1. Combines all data collection for which we currently have authority to collect, both inpatient and outpatient, within one statute (19a-654);
2. Creates a Data Protection Committee to determine appropriate releases of patient level data;
3. Allows OHCA to release patient level data to certain qualified entities under specific circumstances;
4. Allows for civil penalties for violations of patient confidentiality.

Currently OHCA collects hospital data at the patient-level and releases such data in an aggregated format. The main purpose of this bill is to put in place better privacy protection around the data and when appropriate, enables the agency to release patient-level data. This is not stating that OHCA will be making private health data on individuals available to the public. In fact, creating the Data

Protection Committee is similar to what other states have in place to release this level of data. Not associated with this bill, but I feel important for the Committee to be aware of is that OHCA is committed to working with the industry as we move forward with developing regulations that will enable the agency to begin collecting outpatient data. Once regulations are in place, it is not OHCA's intention to collect all outpatient data immediately, but to incrementally expand into different segments of the industry. Please realize the development of regulations and the collection of outpatient data can occur even without passage of this bill, but once data collection begins this bill enables proper privacy protection.

Senate Bill 980 AAC Certificates of Need

SB 980 is responding to an evolving health care delivery system to ensure that the Certificate of Need (CON) process is addressing the current issues within the industry. I will briefly review the outcome of the proposed bill before you today.

Section 1 of the proposed bill is clarifying the definition of a transfer of ownership as those transfers that affect the control or governance of a health care facility. This is in response to the recent growth in physician ownership of outpatient surgery facilities where transfers of shares of ownership are common and do not affect the governance or controlling body of the facility.

Section 2 (line 150) and also Section 3 (line 381) is recommending the deletion of "cineangiography equipment" from being required to have Certificate of Need authorization. This term captures equipment that is necessary for a hospital to conduct many vascular procedures although its original intent was only cardiac procedures. This technology has been expanded on and now is very common for surgeons to perform these less invasive procedures which improve patient recovery times and outcomes for all areas of the body. Hospitals are aware of when their equipment needs to be upgraded, replaced or purchased to respond to the need of these procedures and therefore I recommend this equipment to not require a CON.

Section 3 (line 415) is recommending that CON authorization be exempt for certain outpatient services. The reason behind this proposal is to respond to the changing health care market where hospitals that currently offer these outpatient services within their hospitals are locating the same service in the community setting. This achieves two objectives (1) patients prefer to receive this type of follow up care in a convenient, non-hospital setting; and (2) hospital "real estate" is at a premium and allows the hospital to use this space for services that must be located in the hospital-setting.

Section 4 (line 427) is proposing that OHCA not exempt from CON a specific type of child and adolescent behavioral health service known as Psychiatric Residential Treatment Facilities or PRTFs. These facilities are defined under federal law as "a facility other than a hospital that provides psychiatric services...to individuals under age 21, in an inpatient setting." PRTFs are a new and emerging level of care for children and both Department of Social Services (DSS) and Department of Children and Families (DCF) support OHCA's CON review to ensure the appropriate expansion of this service within Connecticut.

Section 5 (line 443)

In general, currently under 19a-639 all acquisitions of a CT scanner, PET scanner, PET/CT scanner and MRI require CON authorization. Also, 19a-639a(c) states that if providers met certain criteria that were put into place a few years ago, they received a "waiver" and were exempt from the CON process. We are now approaching a time when these providers that originally met this criteria are now interested in acquiring a new piece of equipment to replace the original one; however, to be in compliance with 19a-639, a CON is required for that acquisition. This section of the bill is proposing to the Committee to permit these providers that originally met the specific criteria listed in 19a-639a(c) (listed below) to receive a "waiver" from the CON process providing that the location and type of equipment does not change.

"(1) provides to the office satisfactory evidence that it purchased ...under \$400,000 on or before July1, 2005, and ...in operation on or before July 1, 2006, or
(2) obtained on or before July 1, 2005, from the office, a certificate of need or a determination that a certificate of need was not required..."

Approximately 25-30 pieces of imaging equipment would be eligible for a waiver if this change were implemented.

This is an attempt to provide a brief overview of the details of OHCA's proposals. Thank you for hearing OHCA's bills and I urge your favorable action. I would be pleased to provide more information and answer any questions you may have for me.