



Connecticut Association of Centers for Independent Living  
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*...Working for the full integration, independence, and civil rights of people with disabilities  
through Centers for Independent Living*

### **Testimony of Gary Waterhouse, Executive Director**

### **CT Association of Centers for Independent Living**

**March 2, 2010**

### **Human Service Committee Public Hearing**

Center for Disability Rights  
764A Campbell Ave.  
West Haven, CT 06516  
V 203-934-7077  
TDD 203-934-7079

Disabilities Network of  
Eastern CT  
238 West Town Street  
Norwich, CT 06360  
V/TDD 860-823-1898

Disability Resource Center  
of Fairfield County  
80 Ferry Boulevard  
Suite 210  
Stratford, CT 06497  
V 203-378-6977  
TDD 203-378-3248

Independence Northwest  
1183 New Haven Rd.  
Naugatuck, CT 06770  
V 203-729-3299  
TDD 203-729-1281

Independence Unlimited  
Suite D  
151 New Park Avenue  
Hartford, CT 06106  
V/TDD 860-523-5021

### **S.B. No. 217 (RAISED) AN ACT LIMITING FINANCIAL INSTITUTION FEES FOR RECORDS NEEDED FOR MEDICAID APPLICATIONS.**

***SUPPORT-*** CACIL supports limiting to \$20.00 the fees charged by financial institutions to people during the Title XIX eligibility process. All funding available to an individual should be reserved for Medical Care and Treatment. Generally people applying for Title XIX do not have the resources to pay for five (5) years of documents from financial institutions, so the burden falls to the family.

### **S.B. No. 281 (RAISED) AN ACT CONCERNING PUBLIC PARTICIPATION IN MEETINGS OF THE PHARMACEUTICAL AND THERAPEUTICS COMMITTEE.**

***SUPPORT-*** CACIL supports the inclusion of a requirement that the Pharmaceutical and Therapeutics committee shall ensure that each meeting includes an opportunity for public comment. Giving the public the opportunity to provide anecdotal testimony and records of personal experience will undoubtedly give the committee important and valuable evidence leading to better decision making.

### **H.B. No. 5297 (RAISED) AN ACT CONCERNING STATE-WIDE EXPANSION OF THE PRIMARY CARE CASE MANAGEMENT PILOT PROGRAM.**

***SUPPORT-*** CACIL supports the expansion of the delivery of health care services through the primary care case management system and the application by the Connecticut Department of Social Services of a waiver from the Centers for Medicare and Medicaid Services for the purpose of expanding the primary care case management system.

**H.B. No. 5354 (RAISED) AN ACT TO PROVIDE INCENTIVES FOR HOSPITALS TO ADOPT ELECTRONIC HEALTH RECORDS.**

***SUPPORT-*** There is broad consensus that electronic health records (EHR) have the potential to improve the efficiency and effectiveness of healthcare providers. Yet, to date, there has been no reliable estimate of the prevalence of EHR use among U.S. hospitals. In a new study, researchers from the Harvard School of Public Health (HSPH), Massachusetts General Hospital and George Washington University found that less than 2% of surveyed hospitals had implemented comprehensive EHR; further, less than 8% had basic EHR in place. It is the first nationally representative study of the prevalence of EHR in hospitals.

The findings are significant as Congress and the Obama administration targeted \$19 billion in the federal stimulus package for improving adoption of health information technology such as electronic health records. Many policy makers hope that the money will help doctors and hospitals adopt electronic records, which should help improve the quality and efficiency of the healthcare system.

"This study suggests hospitals have a long way to go in achieving widespread EHR adoption and use" said Ashish Jha, associate professor of health policy and management at HSPH and lead author of the study. "The \$19 billion in the stimulus bill is really just a down payment for getting us to a healthcare system that is fully electronic and can deliver the kind of care Americans deserve."

The national survey, conducted in 2008, was sent to all acute-care hospitals that are members of the American Hospital Association; responses came from 2,952 hospitals, or approximately 63% of the membership. "Comprehensive" EHR was defined by an expert panel as having 24 functionalities-for example, physician notes, lab reports, medications-present in all major clinical units of a hospital. The criteria for "basic" EHR was having ten functionalities in at least one major clinical unit. The researchers hypothesized that large hospitals and major teaching hospitals would have a higher prevalence of EHR and public hospitals might have lower adoption rates, under the assumption that large institutions have greater access to the capital needed to buy and implement these expensive systems.

The results showed that 1.5% of U.S. hospitals had implemented a comprehensive EHR and an additional 7.6% had a basic EHR in place. Larger hospitals, major teaching hospitals and urban hospitals were more likely to have EHRs. Adoption rates of EHRs were similar between public and private institutions.

The U.S. Veterans Administration has been developing a national electronic records data base for years. When hurricane Katrina destroyed the VA Hospital in New Orleans, the medical records were backed up off site and were immediately available to VA Hospitals around the country.

**S.B. No. 315 (RAISED) AN ACT CONCERNING SEXUAL ASSAULT OF A DEVELOPMENTALLY DISABLED OR SEVERELY PHYSICALLY DISABLED PERSON.**

***SUPPORT-*** CACIL supports SB 315, the clarification of the definition and refinement of the statute will assist in the prosecution of criminals who sexually assault people with disabilities by clearly showing legislative intent.

**H.B. No. 5232 (RAISED) AN ACT CONCERNING TRANSFER OR DISCHARGE OF RESIDENTIAL CARE HOME PATIENTS.**

***SUPPORT-*** CACIL supports HB 5232, allowing a person residing in a Nursing Facility to select an "***ADVOCATE***" of their choice to represent his or her interests will protect the rights of people with disabilities (*all nursing facility residents*) and contribute to their quality of life. In the case of involuntary transfer or discharge adding the Advocate of the person's choice to the mandatory notification list will provide another safeguard protecting the welfare and happiness of nursing facility residents.