

Date: March 1, 2010

The Honorable

SUBJECT: Testimony in Opposition to Section 2C of the Raised Bill No. 270

Chairman Harris, Chairwomen Ritter, and Members of the Public Health Committee:

IMS Health is an international health information company with its headquarters in Norwalk, Connecticut. IMS Health provides information and consulting services to a diverse range of healthcare stakeholders in the public and private sectors in over 100 countries around the world. Our primary interest is to preserve critical data assets and the *free flow of anonymous* data that our nation will need to face the *serious* healthcare challenges ahead, and to inform efforts to improve quality and longevity for our population at an affordable price. *To be clear*, we strongly support efforts to protect the privacy of personal health information for patients and applaud efforts to improve upon existing best practices. Our own policies and practices to protect patient privacy currently include multiple encryption techniques and many overlapping safeguards so that the data we provide to assist healthcare stakeholders in no way allow identification of individual patients. We fully expect these practices to adapt and change in response to new risks and technology to maintain patient trust and secure critical data assets for future use.

Today, IMS data support important health research throughout the country. Further, these data are utilized by the medical community, States/territories and Government agencies to monitor and inform decisions about patient care. In one instance, the CDC (Centers for Disease Control) used IMS data to monitor utilization of antiviral drugs as a surrogate for the advance of H1N1 flu and as an important component of pandemic planning. Analyses of IMS data showed populations affected and rates of change within weeks...significantly sooner than alternative Government sources, thus providing a more powerful tool to the CDC in pursuit of patient care. As this example indicates, IMS (private sector) data represents a critical advantage in terms of its granularity and timeliness, two factors that must be applied to the healthcare challenges ahead.

It is also of great importance to us that the principles of data access and transparency that will guide healthcare reform going forward are protected and preserved today. That is why IMS is against Section 2C of the Raised Bill No. 270. We believe data transparency and access for vital functions would be impacted negatively by this Section as a result of:

- Unnecessary duplication of existing methods for physician participation and likely confusion between a state program and a successful, voluntary, and national program already underway and supported by State Medical Societies and the AMA, **the Physician Data Restriction Program (PDRP)**;

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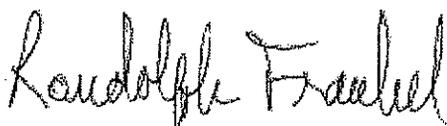
- The Physician Data Restriction Program (PDRP) offers a simplified and less costly means to address the concern of Section 2C
 - PDRP is a voluntary program that can address future needs and enhancements in a more timely and uniform fashion
 - The current AMA system is nationally available, established, uniform, and utilized by more than 25,000 physicians representing every state in the Nation.
 - The AMA program is administered in cooperation with the Connecticut Medical Society.

- The strong likelihood of other States adopting similar bills but interpreting them differently, thereby creating a "patchwork" of state legislation/regulations to address the same issue.

In addition, having both a State and national program to address the same issue would create duplication of functions likely leading to higher administration costs for providers, manufacturers and businesses working in the State of Connecticut.

In conclusion, IMS believes that Section 2C of the Raised Bill No. 270 is unnecessary and would be duplicative, less effective and more costly to State businesses than the voluntary AMA Program (PDRP). Given that IMS has no direct influence over PDRP, we recommend the removal of Section 2C.

Respectfully submitted,



Randolph Frankel
Vice President, IMS Health