



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE March 8, 2010

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Senate Bill 269 - An Act Implementing the Recommendations of the Program Review and Investigations Committee Concerning an Initiative to Share Agency Data to Promote the Well-Being of Children and Families

The Department of Public Health provides the following information with regard to Senate Bill 269.

The Department recommends an amendment to the language in this bill to clarify if the intent is to implement the PRI Committee recommendations for the Connecticut Department of Children and Families Results-Based Accountability project. The reason being that the scope of the proposed activities and consequential resource requirements will differ between DCF program needs or all state agency data sharing needs.

Public act number 09 - 166 authorized the Program Review and Investigations Committee to initiate a pilot program utilizing results-based accountability methods. The statute specifically requires that a selective and staged approach be adopted for the selection of programs to be evaluated.

In contrast, Raised Bill number 269 is not selective or focused on specific programs related to PRI Committee investigations. Section 1 calls for OPM to "develop and implement policies and procedures to promote (1) the sharing of information among **all** state agencies that provide services relating to the well being of children..... and (2) integration of the automated data systems of such agencies for the purpose of improving the safety health and well-being of children".

The objective of **integrating automated data systems** is a complicated one and would require significant time and effort to develop test and implement mechanisms for matching the many agency datasets with child health information. Even if the technical, logistic and legal obstacles to integrating these data were already solved, the cost of ongoing maintenance of new system infrastructure (including staff and computer resources) would be considerable. The Department of Public Health maintains over 25 electronic databases with information pertaining to children. As the bill is currently written, DPH might be asked to develop integration plans for all 25 databases without additional resources or any indication that a specific commensurate benefit to the health and well-being of children would likely result. We believe that interagency data sharing can be often be accomplished in more cost/effective ways than by requiring wholesale changes to all databases within all human services agencies. Furthermore, once agencies develop plans to undertake specific data-sharing projects, they should be free to determine the most cost-effective method for accomplishing this objective.

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The Planning Branch also oversees the state's vital records system, key to this initiative. The bill has the potential to increase the number of birth certificates that the State Vital Records Office provides to other state agencies. Presently, the Department is under cooperative agreement with DCF to provide birth certificates for all children committed to DCF. If under this proposal, the Department's obligation is expanded to provide birth certificates for children involved with other state agencies, then the Department's resources will be strained, resulting in lengthy processing delays for all vital records requests, including those made by the general public.

The bill also has the potential to reduce the quality of the state's birth data, thereby compromising the medical research and health surveillance that relies upon this data. A birth record consists of two parts – the legal portion and the medical portion. The legal portion is what is commonly referred to as the birth certificate. The rest of the birth record contains medical data related to the mother and child. This data remains confidential and, in accordance with Connecticut General Statute section 7-51(b) cannot be released to anyone except researchers that have been approved by the department. C.G.S. section 7-51(b) even protects this medical information from subpoena or court order.

Connecticut General Statute § 7-51(b) places strict confidentiality protections on the medical portion of the birth record. This is the data that is collected concerning the health of the mother and child, but does not appear on the actual birth certificate. No person, including the registrant or the registrant's parents, may obtain this information. C.G.S. § 7-51(b) even protects this information from subpoena or court order. These stringent confidentiality protections serve several important purposes. First, such data contains highly sensitive medical information, and therefore needs to be kept confidential in order to protect the privacy rights of patients. These confidentiality protections also serve to ensure quality birth data. Without such protections, the confidence of patients to divulge medical history will rapidly disintegrate, and the quality of data used to conduct medical research and health surveillance will be negatively impacted. In order to ensure reliable birth data, these stringent confidentiality protections need to remain in place.

Thank you for your consideration of the Department's views on this bill.

Recommended changes:

AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING AN INITIATIVE TO SHARE AGENCY DATA TO PROMOTE THE WELL-BEING OF CHILDREN AND FAMILIES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective from passage*) (a) The Secretary of the Office of Policy and Management shall, within available appropriations, develop and implement policies and procedures to promote (1) the sharing of information among all state agencies that are identified as requiring such information by PRI's program assessment activities (PA 09-166) and provide services relating to the well-being of children, including, but not limited to, the Department of Children and Families, the Department of Developmental Services, the Department of Mental Health and Addiction Services, the State Department of Education, the Labor Department, the Department of Public Health, the Department of Public Safety, the Department of Social Services, agencies located within the Judicial Branch and the Children's Trust Fund Council. ~~and (2) integration of the automated data systems of such agencies for the purpose of improving the safety, health and well-being of children.~~

(b) Not later than October 1, 2010, and annually thereafter, the Secretary of the Office of Policy and Management shall submit a progress report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies, the select committee of the General Assembly having cognizance of matters relating to children and to the Legislative Program Review and Investigations Committee. The progress report shall describe the status of the secretary's establishment and implementation of the policies and procedures pursuant to subsection (a) of this section and shall include, but not be limited to: (1) The actions taken as of the date of the report to promote the sharing of information on the well-being of children in Connecticut ~~and the integration of related information in agencies' automated data systems;~~ (2) the proposed actions to be taken; (3) the estimated timeframe to complete the proposed actions; and (4) identification of any state and federal laws that impede the sharing ~~of information and integration~~ of agency information and proposals to address such impediments.