



# House of Representatives

General Assembly

**File No. 523**

January Session, 2011

Substitute House Bill No. 6548

*House of Representatives, April 13, 2011*

The Committee on Public Health reported through REP. RITTER, E. of the 38th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

***AN ACT CONCERNING THE COLLECTION OF DATA BY THE OFFICE OF HEALTH CARE ACCESS DIVISION OF THE DEPARTMENT OF PUBLIC HEALTH.***

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

1 Section 1. Section 19a-654 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2011*):

3 (a) As used in this section:

4 (1) "Patient-identifiable data" means any information that identifies  
5 or may reasonably be used as a basis to identify an individual patient;  
6 and

7 (2) "De-identified patient data" means any information that meets  
8 the requirements for de-identification of protected health information  
9 as set forth in 45 CFR 164.514.

10 (b) The Office of Health Care Access division of the Department of  
11 Public Health shall require short-term acute care general or children's

12 hospitals to submit [such data, including] patient-identifiable inpatient  
13 discharge data, as it deems necessary to fulfill the responsibilities of  
14 the office. Such data shall include data taken from patient medical  
15 record abstracts and [hospital] bills. The office shall specify the timing  
16 and format of such [submission shall be specified by the office]  
17 submissions. [The data may be submitted through a contractual  
18 arrangement with an intermediary. If the data is submitted] If a  
19 hospital submits data through an intermediary, the hospital shall  
20 ensure that such submission of the data is timely and [that the data is]  
21 accurate. The office may conduct an audit of the data submitted [to]  
22 through such intermediary in order to verify its accuracy. [Individual  
23 patient and physician data identified by proper name or personal  
24 identification code submitted pursuant to this section shall be kept  
25 confidential, but aggregate reports from which individual patient and  
26 physician data cannot be identified shall be available to the public.]

27 (c) Except as otherwise provided in this subsection, patient-  
28 identifiable data received by the office shall be kept confidential and  
29 shall not be considered public records or files subject to disclosure  
30 under the Freedom of Information Act, as defined in section 1-200. The  
31 office may release de-identified patient data or aggregate patient data  
32 to the public in a manner consistent with the provisions of 45 CFR  
33 164.514. Any de-identified patient data released by the office shall  
34 exclude provider, physician and payer organization names or codes  
35 and shall be kept confidential by the recipient. The office may not  
36 release patient-identifiable data except as provided for in section 19a-  
37 25 and regulations adopted pursuant to said section. No individual or  
38 entity receiving patient-identifiable data may release such data in any  
39 manner that may result in an individual patient, physician, provider or  
40 payer being identified. The office shall impose a reasonable, cost-based  
41 fee for any patient data provided to a nongovernmental entity.

42 (d) The Commissioner of Public Health shall adopt regulations, in  
43 accordance with the provisions of chapter 54, to carry out the  
44 provisions of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2011</i>	19a-654

**PH**      *Joint Favorable Subst.*

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The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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**OFA Fiscal Note**

**State Impact:**

<b>Agency Affected</b>	<b>Fund-Effect</b>	<b>FY 12 \$</b>	<b>FY 13 \$</b>
Public Health, Dept.	GF - Revenue Gain	10,000 - 20,000	10,000 - 20,000

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

The bill results in a General Fund revenue gain of \$10,000 to \$20,000 annually from the collection of fees by the Office of Health Care Access (OHCA, a division of the Department of Public Health) related to requests for certain de-identified, or aggregate patient data that the Office currently collects. OHCA is permitted under the bill to set fees for release of this information. At this time, it is anticipated that the Office will establish a \$500 fee for the general public and a \$1,500 fee for researchers. Five to ten general public and five to ten researcher requests are projected to be made annually, generating \$10,000 to \$20,000.

**The Out Years**

The annualized ongoing fiscal impact identified above would continue into the future subject to the fees set and the number of requests to OHCA.

**OLR Bill Analysis**

**sHB 6548**

***AN ACT CONCERNING THE COLLECTION OF DATA BY THE OFFICE OF HEALTH CARE ACCESS DIVISION OF THE DEPARTMENT OF PUBLIC HEALTH.***

**SUMMARY:**

By law, hospitals must provide the Office of Health Care Access (OHCA) Division of the Department of Public Health (DPH) with hospital discharge and patient billing data. The law requires OHCA to keep confidential individual patient and billing data, but permits it to disclose aggregate reports from which individual patient and physician data cannot be identified.

The bill potentially limits the data hospitals provide to OHCA by limiting what OHCA can request. By law, OHCA can request any data, including discharge data, necessary to fulfill its responsibilities. Under the bill, OHCA can request only patient-identifiable discharge data. Presumably, this data includes data taken from patient medical record abstracts and bills.

The bill defines “patient-identifiable data” as any information that identifies or may reasonably be used to identify an individual patient. Patient-identifiable data OHCA receives must be kept confidential and is not considered public records or files subject to disclosure under the Freedom of Information Act.

The bill creates an exception to the ban on OHCA’s disclosure of patient-identifiable data. It allows the office to release this data for medical and scientific research purposes as permitted under existing law (CGS § 19a-25) and regulations, provided there is no further release of the data by the research entity that would result in identifying the patient, physician, provider, or payer. OHCA can

impose a reasonable, cost-based fee for any patient data provided to a nongovernmental entity. Existing regulations establish a formal process and clearly identify procedures for ensuring confidentiality (State Agency Regs., §§ 19a-25-1 to 19a-25-4).

The bill defines “de-identified patient data” and allows OHCA to release it to the public under certain conditions.

The bill requires DPH to adopt regulations to carry out these provisions. It also makes technical changes.

EFFECTIVE DATE: October 1, 2011

**DE-IDENTIFIED PATIENT DATA**

“De-identified patient data” means any information that meets the requirements for de-identification of protected health information as specified in the federal Health Insurance Portability and Accountability Act (HIPAA) privacy provisions. Under the bill, OHCA can release such data or aggregate data to the public consistent with HIPAA. It must exclude providers, physicians, and payer organization names or codes and be kept confidential by the recipient.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 28 Nay 0 (03/28/2011)