

This legislation, H.B. 6305, is built on many assumptions that may not be realistic. It is unlikely that Connecticut can afford the level of care proposed and that privacy can be maintained while moving electronic health records all over the internet to the many employees of all the companies involved in their use. If this morass of laws is implemented as conceived, we will be substituting another set of problems for the ones we currently have. And our current way of life will be changed. We will be closer to what was described in Orwell's 1984. If you think that is crazy, you may not understand all of the ramifications or unintended consequences of this seemingly noble legislation.

The State believes that it will increase your health and lower the cost of your care, if you stop smoking and loose excess weight, and therefore it has the right to monitor the progress you and your doctor are making in following its guidelines in that regard and in all treatments. So through your electronic health record, the State will be with you in the exam room. Your physician can loose their job if you do not cooperate, but perhaps they can stay with Sustinet if they prove they tried hard enough to get you to follow guidelines. One example of the law is: "Providers that do not make progress toward reducing disparities, defined as achieving specified benchmarks within a specified timeframe, may be removed from the plan network." So gone will be the days of a private relationship between you and your doctor, deciding upon your health care. Many in the state such as the public health agencies, researchers, and providers will know about your diseases, etc. They can know whether or not you had a sexually transmitted disease in high school, or whether you terminated a pregnancy, and certainly if you smoke.

To say that all of this will work financially, based on Jon Gruber's economics, is a stretch, given that he represents one end of spectrum. To base far reaching state legislation on what its supporters would like to hear, is questionable judgment. It is hard to believe that Connecticut could have enough money to give such total care as proposed. The administrative costs of all the agencies involved, the cost of the medical homes providing 24/7 care, preventive care programs, and electronic health records would be enormous. Where EHRs and medical homes can really save money is with the elderly who are not part of this program. Paying primary care physicians more for their time (as in the 1980's) may go a long way to giving patients more coordinated care. Getting care to the underserved is needed, but must be done in a way that maintains civil rights.

What does it mean to our economic system that there is the proposal to relax antitrust legislation? Is this needed so that the State, hospitals and providers can engage in price fixing? Will this now allow physicians to argue insurance company and managed care company reimbursements? (Along those lines in S.B. 921, if the state insurance exchange receives tax relief, will that undermine the ability of private insurers to compete?)

Basically the law calls for the medical field to be singled out to be regulated by the State. Providers, for example, will receive "reasonable" reimbursement. Let's say lawyers make

around \$300 per hour for all work, paper work and conversations. Will providers be paid comparably for their 24/7 responsibility?

If there is to be the broadening of the "permitted scope of practice for non-physician providers" to provide care, will they be equally liable as a physician? If a symptom is missed and not reported to the primary care physician or if he or she is not notified of a positive finding on a lab report or xray report, who will be held liable for the oversight? Will a supervising physician be made ultimately liable for a large group of patients, even if he or she is not directly involved in many aspects of their care, and thus may have had no knowledge of an error nor was the cause of it?

The goal of the Sustinet legislation (and The Sustinet HIT Advisory Committee's Approach) is to have computerized medical care treatment plans just about mandated by the appointed bureaucrats. Physicians will be allowed to advise on the guidelines chosen and can modify treatment for an individual patient after documenting the reason for the deviation. If they do so, will they be subject to more liability than the provider who just followed the guidelines that fit the groups of patients studied?

The right of consent over who sees our medical records was removed in 2002 by HHS and not restored (see [patientprivacyrights.org](http://patientprivacyrights.org)). In fact, ARRA of February, 2009 mandates that all have an electronic health record to be sent to the federal government for their research, medical care or public health needs. Sustinet has the same intention to have all personal medical data and demographics centralized in one chart for similar purposes. That means that our whole personal life will be an open book to whomever the government rules has authority to read our charts. Worse, Federal regulations say that a breach of the data cannot be prosecuted as such if it occurred inadvertently by an authorized employee involved in processing the charts, research, medical care, public health, etc. Also it is a subject of debate as to what constitutes a harmful enough breach for you to even be notified.

So eventually the public will discover that in reality they have no privacy once all these Health Information Technology policies are implemented. It sounds great to have all this knowledge of people to use for medical care, but with that comes power. No one can guarantee that it will never be used against a person in getting a job, etc. We all know how hackers can get into any online data. And even if data is sent without identifying data, which is not specified in the legislation, it can fairly easily be re-identified by hackers' efforts. It was just in the news that the confidential health data of about 1.7 million patients, staff and others were stolen in New York. Will Sustinet patients be able to decide if their medical information (or what part of it) is transmitted on line or not? Will patients be fully informed about where all their data will be sent for use and to how many people?

We do not want to see the dream of universal health care turn into a nightmare that this legislation may bring.

Thank you for this opportunity.

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