



Testimony on
House Bill 5737
An Act Concerning The Use of Patient Health Care Information In
The All-Payer Claims Database

Senator Gerratana, Representative Johnson and members of the Public Health Committee, on behalf of the 8,700 physicians and physicians in training of the Connecticut State Medical Society (CSMS), American College of Surgeons Connecticut Chapter (ACS) and American College of Surgeons Connecticut Chapter (ACP), we thank you for the opportunity to provide this testimony today in opposition to House Bill 5737 An Act Concerning The Use of Patient Health Care Information In The All-Payer Claims Database.

Last session, CSMS testified in support of the need for the establishment of the All Payer Claims Data Base (APCD) and offered comprehensive comments regarding its development and operation of a system of data collection to serve the care coordination needs of the patients of Connecticut. In addition to being a formal member of the APCD Advisory Committee as granted through Public Health 12-166, CSMS has been involved in commenting on and the actual development of proposed regulations. We continue to believe that a comprehensive yet appropriate APCD is necessary to accomplish our mutual goals of identifying drivers of health care costs, while continuing to increase the quality of health care for Connecticut residents.

With this support in mind, we must offer this testimony in opposition to House Bill 5737 AAC The Use Of Patient Health Care Information In The All-Payer Claims Database. We understand and support the need for an initial notice to patients for a new provider of care, and have supported an "opt out" provision in the database to allow patients the right to refuse inclusion of their information, though we believe that the inclusion of information is critically necessary for appropriate coordination of a patient's medical care. However, the need for notification by a physician in every instance of medical care provision is simply unnecessary and time-consuming. It will lead to delays in patient care and additional costs at a time when administrative simplification should be the goal. By adding additional time constraints on providers, this requirement would be contrary to the goal of health care cost containment. Also, as more care is provided in team environments and across multiple sites of service, getting patient approval may become so problematic that the care itself may not be provided. Care coordination and care team services are often required after initial care is provided, especially for patients with chronic conditions. Requiring the completion of a form by the patient (or patient authorization) would simply delay the actual care that was intended to be provided and in some cases even jeopardizing health outcomes

Please oppose HB 5737.