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Connecticut State Medical Society Testimony
Senate Bill 812 An Act Concerning Electronic Health Records and Health Information
Exchange
Public Health Committee
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Senator Gerrantana, Representative Ritter and other distinguished members of the Public Health Committee. On behalf of the almost 6,000 physicians and physicians in training of the Connecticut State Medical Society (CSMS), we present testimony today on **SB 812, An Act Concerning Electronic Health Records and Health Information Exchange**.

Many states, including Connecticut, have seen rapid consolidation in the physician practice market with physician practices being purchased by hospitals and hospital systems. While this trend is present in Connecticut, we still have about fifty percent of physicians in community practice. Community physician practices are often-times slow to acquire Health Information Technology. To that end, we appreciate the intent of SB 812 in providing support and protections for physicians to acquire Electronic Health/Medical Records (EMRs). At the outset, the use of EMRs was thought to greatly enhance medical practice efficiency, thereby leading to higher quality of care for patients. However, for many community physicians, the reality is in stark contrast. There is a growing sentiment among community physicians that the use of EMR systems is becoming disruptive to practices, are too costly to use and do not demonstrate an improvement in patient care. In fact, some physicians would argue that EMRs are contributing to lower standards of patient care as EMRs introduce new risks and liabilities and require physicians to be less engaged with their patients and more engaged with their electronic systems. EMRs have the potential to be practical solutions to practice management and improve patient care, but the reality for many practices is that the EMR systems today do not fulfill that promise.

Given that background, CSMS appreciates the structure of SB 812 that does not appear to force physicians to purchase EMR systems or any specific hardware or software. CSMS is highly supportive of providing assistance to those physicians who WANT to adopt such technology. We believe that providing hospitals with the statutory tools to assist those physicians who wish to adopt such technology is important for expansion of health information, but caution against any legislation which would make such adoption mandatory or essentially mandatory. In addition, the donation of EMR technology by a hospital to a community physician may raise concerns under federal Stark and anti-kickback laws. While there is currently a safe-harbor/exemption in place that temporarily alleviates these concerns, the safe-harbor/exemption

is scheduled to sunset in 2021 and therefore state laws may run afoul of Stark/Anti-Kickback at that time.

CSMS would also like to take this opportunity to highlight the need for interoperability of EMRs in this state. SB 812 makes reference to "interoperable electronic health records systems," but does not delve into detail as to how this interoperability would be achieved. Interoperability makes it possible for diverse and different EMR systems to work together and truly exchange health information. In order to provide patients with the highest quality of care possible, diverse EMR systems must be interoperable.

Legislation should not only support and mandates the interoperability of distinct EHR systems, but also require hospitals to allow medical staff and non-employed physicians to access the hospital EHR system without barriers to access. In order for community physicians to treat their patients, these physicians need access to the hospital EMRs to obtain patient information. Community physicians are routinely shut out from hospital EMR systems and cannot access the information they need to provide the highest quality care for their patients. Openness and transparency is at the heart of interoperability.

Thank you for the opportunity to present this testimony. CSMS is happy to work with this Committee on drafting language that will meet the needs of the physicians of Connecticut and achieve a truly interoperable health care system.