HB 6482, An Act Concerning Real-Time Access To Individual-Level Data For Vital Statistics, Emergency Care And Communicable Disease Records

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning HB 6482, An Act Concerning Real-Time Access To Individual-Level Data For Vital Statistics, Emergency Care And Communicable Disease Records

Before commenting on the bill, it's important to point out that Connecticut hospitals provide high quality care for everyone, regardless of ability to pay. Connecticut hospitals are finding innovative solutions to integrate and coordinate care to better serve patients and communities, as well as achieve health equity. These dynamic, complex organizations are working to build a healthier Connecticut. That means building a healthy economy, community, and healthcare system. By investing in the future of Connecticut’s healthcare and hospitals, rather than continuing to cut away at them, we will strengthen our economy, put communities to work, and deliver affordable care that Connecticut families deserve.

HB 6482 seeks to require “reporting” to local health departments of potentially every individual’s protected health information “regarding vital statistics, emergency care and communicable diseases.” CHA has significant concerns with the bill as written because the bill lacks sufficient detail to know what data would be required to be reported, the format in which the data would be sent or collected, the purpose of the collection, the scope of use of the local health departments, or how the local health departments would protect the data. The bill does not appear consistent with federal law. Specifically, the lack of detail draws into question whether HB 6482 is compliant with the HIPAA regulation section governing mandated disclosures that are “required by law” disclosures found at 45 CFR 164.512(a) or the HIPAA regulation section dealing with permitted disclosures relating to “public health activities” found at 45 CFR 164.512(b). It may also be insufficient to meet the more stringent confidentiality protections of 42 CFR Part 2.

Additionally, the bill would duplicate current reporting requirements for data that are reported to the Department of Public Health under established, formal structures that dictate
the uses and continued protections of the personal information once at the agency, as well as account for the need for careful data protections. It would seem more appropriate to allow the state agencies to share information with local health departments rather than duplicate reporting efforts and potentially create privacy and security issues that could affect patients’ private information.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.