Good morning Sen Gerratana, Sen Somers, Rep Steinberg, and Members of the Committee. My name is Byron Kennedy and I am the Health Director for the City of New Haven Health Department. As Director, I am responsible for ensuring the health and safety of nearly 130,000 residents. I am also a physician Board Certified in Preventive Medicine, with clinical experience in providing care to both children and adults.

I am writing today to express support for Proposed Bill No. HB 6482, An Act Concerning Real-Time Access to Individual-Level Data for Vital Statistics, Emergency Care and Communicable Disease Records. The purpose of this bill is to provide local health departments (LHDs) access to electronic public health data for their jurisdictions in order to promptly respond to local public health needs, comparable to how the Connecticut Department of Public Health (DPH) already has access to such data. Indeed, LHDs are partners with DPH in protecting and ensuring the public health of Connecticut residents. Therefore, having similar tools (i.e., electronic data systems) available to us is critical to ensure that we are as effective and efficient in performing our work on the ground in communities.

According to the U.S. Centers for Disease Control and Prevention (CDC), pursuant to the Health Insurance Portability and Accountability Act (HIPAA), the regulations provide protection for the privacy of certain individually identifiable health data, referred to as protected health information (PHI). Balancing the protection of individual health information with the need to protect public health, the Privacy Rule expressly permits disclosures without individual authorization to public health authorities authorized by law to collect or receive the information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to public health surveillance, investigation, and intervention. Public health practice often requires the acquisition, use, and exchange of PHI to perform public health activities (e.g., public health surveillance, program evaluation, terrorism preparedness, outbreak investigations, direct health services, and public health research). Such information enables public health authorities to implement mandated activities (e.g., identifying, monitoring, and responding to death, disease, and disability among populations) and accomplish public health objectives. Public health authorities have a long history of respecting the confidentiality of PHI, and the majority of states as well as the federal government have laws that govern the use of, and serve to protect, identifiable information collected by public health authorities.

If enacted, this legislation will better position LHDs to address the health needs of their local jurisdictions in a timely manner. Without such enactment, LHDs will be hampered to improve their own community health indicators, such as reducing inequities among vulnerable and underserved populations as well as responding to outbreaks.

Thank you for your time and consideration.