

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: HB-7301

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS REGARDING REMOTE ACCESS TO ELECTRONIC

Title: MEDICAL RECORDS BY THE DEPARTMENT OF PUBLIC HEALTH.

Vote Date: 3/22/2019

Vote Action: Joint Favorable

PH Date: 3/13/2019

File No.:

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SPONSORS OF BILL:

Public Health Committee

REASONS FOR BILL:

This bill allows the Department of Public Health (DPH) to have remote access to a hospital's electronic medical records regarding reportable diseases, emergency illnesses or health conditions, as well as the state's tumor registry program.

RESPONSE FROM ADMINISTRATION/AGENCY:

Raul Pino, MD, MPH, Commissioner of the Department of Public Health (DPH): DPH supports this bill and thanks the Public Health Committee for raising this issue. A main responsibility of the DPH in protecting public health is to conduct surveillance of reportable diseases and emergency syndromes. DPH maintains and annually updates the list of "Reportable Diseases, Emergency Illnesses and Health Conditions" and the list of "Reportable Laboratory Findings." Health care providers, clinical laboratories and hospitals are also required by statute to report all cases of malignant tumors and related conditions to the Connecticut Tumor Registry. This data is necessary to monitor demographics, disease severity and risk factors for diseases. Collecting and compiling the data is a time-consuming effort for agency staff, who must travel to hospitals statewide. This impacts staff productivity. Although many hospitals have been slowly transitioning to electronic medical record systems, commonly referred to as "EPIC", only two hospital networks have allowed DPH staff remote access to these records. The DPH staff person provides a list of the patients for whom medical records are needed and the health system then adds these patients to a queue only associated with the staff member's secure username. DPH staff is restricted to viewing only the medical records of the patients in their queue. Protection of patient information is a critical component of the system. This system allows the DPH staff person to navigate through a

patient's record just as a clinician might do. The various parts of the record are also accessible through separate tabs allowing the data to be easily compiled. The DPH staff also sees the patient's full medical record, helping to identify preceding risk factors prior to the reportable disease. All other hospitals using EPIC software print the medical record of the particular patient for review by DPH staff. These printed reports are often hundreds of pages long, with no logical organization of data into subsections, making it necessary for the DPH staff person to read every page to find the information needed. Also, it is important to note that often patient history prior to the hospitalization being reviewed is not included in the data sought. This clearly impacts the quality of the data being sought. Several of the hospital systems often require multiple visits. The travel time involved results in reduced hours of product and more costs for mileage reimbursement to staff. If this travel time were to be eliminated, the federally-funded DPH staff who perform this work would not have to travel to the hospitals making DPH more competitive in applying for federal funds. The Department urges the Committee to support this legislation which will assist DPH through increasing efficiency, improving cost-effectiveness of staff time, and allowing for timelier follow-up of reportable diseases and conditions. The results will lead to better prevention and a healthier state for our residents.

NATURE AND SOURCES OF SUPPORT:

None submitted.

NATURE AND SOURCES OF OPPOSITION:

Connecticut Hospital Association (CHA): CHA does not support this legislation because the bill as written raises compliance issues with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The underlying laws in the bill were developed before HIPAA was enacted and consequently those laws have inconsistencies with how HIPAA laws and regulations are applied. For many years, CHA has advocated for Connecticut's health laws to be modernized to align with HIPAA. However, if modified, this bill presents an opportunity to align current underlying laws with HIPAA. HIPAA standards distinguish between mandatory disclosure of protected health information to governmental agencies as "required by law", and permissible disclosure as part of "public health activities". The underlying laws do not fit into either category and therefore present a potential conflict with HIPAA that could jeopardize patients' privacy rights. HIPAA dictates different controls for each of these situations and requires hospitals and other healthcare providers to understand the differences between these two conditions if seeking permission to access a governmental authority, including through remote access. This is also unclear whether giving access to DPH includes a patient's entire medical record, regardless of the information included and when it was collected. If remote access is mandated, the entire record will be accessed. CHA is requesting that the language in the bill mandating DPH access, including remote access, should include as "required by law" and "apply to each patient's entire record". Also noted in the testimony was not every hospital will be able to immediately allow the type of access outlined in the bill because it will depend on the compatibility of the technology used by both the hospital and DPH. With this in mind, CHA is also requesting that the following language be added to the bill in line 70: "The Department of Public Health shall work with each hospital to establish remote access to the extent the hospital's systems permits such access". CHA looks forward to working with the Committee and the DPH to address these issues.

