Public Health Committee
JOINT FAVORABLE REPORT

Bill No.: SB-1331
Title: AN ACT CONCERNING THE EXCLUSION OF PATIENT HEALTH INFORMATION AND OPT-IN AND OPT-OUT PROCEDURES RELATING TO THE STATE-WIDE HEALTH INFORMATION EXCHANGE.
Vote Date: 3/21/2025
Vote Action: Joint Favorable Substitute
PH Date: 2/26/2025
File No.:

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SPONSORS OF BILL:

The Public Health Committee.

REASONS FOR BILL:

This bill requires the commissioner of the Office of Health Strategy (OHS) to complete the following:

- Determine whether to exclude patient health information and medical records pertaining to sensitive medical procedures from the State-wide Health Information Exchange (HIE or "CONNIE").
- Examine current procedures relating to patient participation in the State-wide HIE to determine whether any new opt-in or opt-out procedures should be implemented.

The bill requires the commissioner to submit a report on the results of the study to the Public Health Committee by February 1, 2026.

The substitute language removes plastic surgery as an example of a sensitive medical procedure.

RESPONSE FROM ADMINISTRATION/AGENCY:

Sumit Sajnani, Health Information Technology Officer, Office of Health Strategy (OHS):
Mr. Sajnani explained that the work proposed in this bill has already been comprehensively undertaken through extensive stakeholder meetings, national best practices evaluations, and advise from the Health Information Technology Advisory Council (HITAC). Given the depth of

this analysis, requiring yet another study would be redundant and would delay the implementation of the polices already in progress. The current opt- out model is the prevailing standard across the country and has been shown to improve patient care, enhance public health, and reduce administrative burdens for both patients and providers. To address any concerns regarding patient privacy and data security, HIE has implemented policies and procedures to comply with strict security rules, including HIPAA, and aligns with what is being done by all other healthcare organizations in the state. OHS is committed to continuing this work and urges the legislature to allow this already established regulatory and advisory process to continue.

Michael Werner, Denise Drummond, Policy Analysts, The Commission on Women, Children, Seniors, Equity and Opportunity, (CWCSEO):
Research completed by CWCSEO found that while many patients recognize the potential benefits of data research, many are concerned about breaches of confidentiality and potential abuses. In addition, an analysis on consent procedures found that opt-in systems generally lead to lower participation rates. Another study found that opt-in consent laws may have a greater administrative burden compared to opt-out policies. Given these findings, the proposed study would evaluate whether Connecticut should revise its current approach to better align with patient preferences and privacy concerns.

NATURE AND SOURCES OF SUPPORT:

Jaime Rodriguez, Advocacy Chair, The Connecticut Association of Marriage, and Family Therapy (CTAMFT):
CTAMFT strongly urges the committee to support this bill that will provide increased privacy and informed consent to mental health patients' most sensitive information.

Susan Israel, MD:
Ms. Israel hopes that SB 1331 will expand the list of the sensitive medical information to be considered for exclusion amending the phrase "certain sensitive medical procedures" to "include all sensitive information".

Yale University:
While Yale supports SB 1331, they would recommend several improvements to address the unique challenges faced by institutions of higher learning, particularly in the context of student health records.

Jennifer Searls, Executive Director of CONNIE:
CONNIE supports the current opt-out model, which gives patients in Connecticut a choice while reducing healthcare inequities for the most vulnerable in our state. This methodology currently in place was developed through extensive public input and supported by

comprehensive reports. Establishing a separate governing body would be duplicative of existing efforts and could delay the progress currently taking place toward achieving our legislative mandates.

Connecticut Hospital Association (CHA):
CHA had the privilege of serving as an appointed member of the Working Group that created the framework set forth in PA 24-19 to study the State-wide HIE. The Working Group sought both agency and legislative recommendations. CHA believes that agency and legislative action consistent with these recommendations would remove the need for additional study and allow the State-wide HIE to move ahead with universal and near universal provider support. CHA does not believe that more study is needed.

Mag Morelli, President, Leading Age Connecticut,
Amanda Gunthel, President, CT Association of Ambulatory Surgical Centers,
David Yoder, CT Chapter of the American College of Physicians:
The above individuals were members of the Working Group established through PA 24-19 to make recommendations to the Office of Health Strategy (OHS) regarding policies and procedures, including regulations to be adopted and implemented by OHS regarding the State-wide HIE. They pointed out that OHS positively acknowledged many of the recommendations of the Working Group. However, they noticed that most of their recommendations are not included in the recently released draft report. They are again submitting these recommendations to ensure that they are included in the body of the report and that their letter to the OHS Commissioner be attached as an addendum to the report. **Refer to their testimony for specific details**. They also wanted to emphasize that they fully support the state's goals related to a State-wide HIE and acknowledge there is still much work to be done. It behooves the Working Group to fulfill its statutory mandate to continue to engage in a meaningful dialogue regarding how best to implement CONNIE without overly burdening providers or compromising patient care.

The following organizations submitted testimony urging that, instead of another study, the committee consider the substantive recommendations submitted by Mag Morelli, Amanda Gunthel, and Dr. Anthony Yoder:

- Connecticut Assisted Living Association (CALA)
- CT Association of Health Care Facilities /CT Center for Assisted Living (CAHCF/CCAL)
- Hartford County Medical Association
- CT Association for Healthcare at Home
- CT Psychological Association (CPA)
- DMC Law, LLC Yale University
- CT State Dental Association
- National Association of Social Workers
- The Connecticut Society of Plastic Surgeons, Inc.

NATURE AND SOURCES OF OPPOSITION:

None expressed.

Reported by: Kathleen Panazza **Date: March 24, 2025**