

File No. 607

(Reprint of File No. 322)

Substitute Senate Bill No. 547
As Amended by Senate Amendment
Schedule "A" and House Amendment
Schedule "A"

Approved by the Legislative Commissioner
April 24, 1998

AN ACT CONCERNING HEALTH CARE DATA.

Be it enacted by the Senate and House of
Representatives in General Assembly convened:

1 Section 1. Section 19a-7 of the general
2 statutes is repealed and the following is
3 substituted in lieu thereof:

4 (a) The Department of Public Health shall be
5 the lead agency for public health planning and
6 shall assist communities in the development of
7 collaborative health planning activities which
8 address public health issues on a regional basis
9 or which respond to public health needs having
10 state-wide significance. The department shall
11 prepare a multiyear state health plan which will
12 provide an assessment of the health of
13 Connecticut's population and the availability of
14 health facilities. The plan shall include: (1)
15 Policy recommendations regarding allocation of
16 resources; (2) public health priorities; (3)
17 quantitative goals and objectives with respect to
18 the appropriate supply, distribution and
19 organization of public health resources; and (4)
20 evaluation of the implications of new technology
21 for the organization, delivery and equitable

22 distribution of services. In the development of
23 the plan the department shall consider the
24 recommendations of any advisory bodies which may
25 be established by the commissioner.

26 (b) FOR THE PURPOSES OF ESTABLISHING A STATE
27 HEALTH PLAN AS REQUIRED BY SUBSECTION (a) OF THIS
28 SECTION AND CONSISTENT WITH STATE AND FEDERAL LAW
29 ON PATIENT RECORDS INCLUDING BUT NOT LIMITED TO
30 THE OFFICE OF HEALTH CARE DATA REGULATIONS ON
31 CONFIDENTIALITY AND NOTICE, THE DEPARTMENT IS
32 ENTITLED TO ACCESS HOSPITAL DISCHARGE DATA,
33 EMERGENCY ROOM AND AMBULATORY SURGERY ENCOUNTER
34 DATA, DATA ON HOME HEALTH CARE AGENCY CLIENT
35 ENCOUNTERS AND SERVICES, DATA FROM COMMUNITY
36 HEALTH CENTERS ON CLIENT ENCOUNTERS AND SERVICES
37 AND ALL DATA COLLECTED OR COMPILED BY THE OFFICE
38 OF HEALTH CARE ACCESS PURSUANT TO SECTION 19a-613,
39 AS AMENDED BY SECTION 2 OF THIS ACT.

40 (c) THE COMMISSIONER OF PUBLIC HEALTH SHALL
41 ADOPT REGULATIONS IN ACCORDANCE WITH THE
42 PROVISIONS OF CHAPTER 54 TO ASSURE THE
43 CONFIDENTIALITY OF PERSONAL DATA AND
44 PATIENT-IDENTIFIABLE DATA COLLECTED OR COMPILED
45 PURSUANT TO THIS SECTION.

46 Sec. 2. Section 19a-613 of the general
47 statutes, as amended by section 28 of public act
48 97-8 of the June 18 special session, is repealed
49 and the following is substituted in lieu thereof:

50 (a) The Office of Health Care Access [shall]
51 MAY employ the most effective and practical means
52 necessary to fulfill the purposes of [19a-610 to
53 19a-622, including but not limited to, performing]
54 THIS CHAPTER, WHICH MAY INCLUDE, BUT NEED NOT BE
55 LIMITED TO:

56 (1) COLLECTING PATIENT-LEVEL OUTPATIENT DATA
57 FROM HEALTH CARE FACILITIES OR INSTITUTIONS, AS
58 DEFINED IN SECTION 19a-630;

59 (2) ESTABLISHING A COOPERATIVE DATA COLLECTION
60 EFFORT, ACROSS PUBLIC AND PRIVATE SECTORS, TO
61 ASSURE THAT ADEQUATE HEALTH CARE PERSONNEL
62 DEMOGRAPHICS ARE READILY AVAILABLE; AND

63 (3) PERFORMING the duties and functions as
64 enumerated in subsection (b) of this section.

65 (b) The office shall: (1) Authorize and
66 oversee the collection of data required to carry
67 out the provisions of this chapter; (2) oversee
68 and coordinate health system planning for the
69 state; (3) monitor health care costs; and (4)

70 implement and oversee health care reform as
71 enacted by the General Assembly.

72 (c) The Commissioner of Health Care Access or
73 any person designated by him may conduct a hearing
74 and render a final decision in any case when a
75 hearing is required or authorized under the
76 provisions of any statute dealing with the Office
77 of Health Care Access.

* * * * *

"THE FOLLOWING FISCAL IMPACT STATEMENT AND BILL ANALYSIS ARE PREPARED FOR THE BENEFIT OF MEMBERS OF THE GENERAL ASSEMBLY, SOLELY FOR PURPOSES OF INFORMATION, SUMMARIZATION AND EXPLANATION AND DO NOT REPRESENT THE INTENT OF THE GENERAL ASSEMBLY OR EITHER HOUSE THEREOF FOR ANY PURPOSE."

* * * * *

FISCAL IMPACT STATEMENT - BILL NUMBER sSB 547

STATE IMPACT	Minimal Cost, Within Anticipated Budgetary Resources, see explanation below
MUNICIPAL IMPACT	None
STATE AGENCY(S)	Department of Public Health, Office of Health Care Access, University of Connecticut Health Center

EXPLANATION OF ESTIMATES:

It is anticipated that the Department of Public Health will be able to perform duties specified in the bill within its anticipated budgetary resources. It should be noted that \$146,076 in new funding has been included within SHB 5021 (the Revised SFY 1998-99 Appropriations Act, as favorably reported by the Appropriations Committee) to allow the Department to hire three new analyst/research positions under the Health Status Data and Analysis Unit. While these positions were not included within the budget expressly for the purpose of implementing this bill, their addition makes it possible for the agency to comply with its provisions.

The Office of Health Care Access (OHCA) presently shares access to its hospital discharge database and other databases with the DPH through a memorandum of understanding.

Although OCHA does not presently collect emergency room and hospital ambulatory surgery encounter data or hospital patient-level outpatient data, the agency has the authority to do so and is in the process of

developing regulations. Once these are in place the OHCA will incur minimal costs to transmit this data to the DPH.

Section 2 of the bill allows the OHCA to collect certain patient-level outpatient data and participate in a cooperative data collection effort. It is anticipated that the agency will initiate these activities only to the extent that its resources allow.

Senate "A" makes discretionary the OHCA's collection of patient level outpatient data and participation in the cooperative data collection effort. This eliminates the potential significant cost to the OHCA and the University of Connecticut Health Center which would have resulted from mandating OHCA's performance of these duties.

House "A" clarifies the confidentiality and notice requirements to be followed by the DPH. This eliminates a potential minimal cost to the OHCA which may have resulted given the original bill's provisions. It also restricts the patient-level outpatient data which may be collected to that from health care facilities or institutions defined in Section 19a-630 C.G.S. As any data collection effort will be undertaken by the OHCA on a discretionary basis, no fiscal impact is anticipated to occur in response to this change. Other changes contained within the amendment are technical in nature.

* * * * *

OLR AMENDED BILL ANALYSIS

sSB 547 (as amended by Senate "A" and House "A")*

AN ACT CONCERNING HEALTH CARE DATA

SUMMARY: This bill expands the state's health care data collection capabilities. Specifically, it allows the Department of Public Health (DPH) access to (1) hospital discharge data, (2) emergency room and ambulatory surgery encounter data, (3) home health care agency client encounter and service data, (4) community health center client encounter and service data, and (5) all data compiled by the state Office of Health Care Access (OHCA). Under the bill, the data access

must be for establishing a state health plan as required of DPH by law and be consistent with state and federal law, including OHCA regulations on confidentiality and notice. It also requires DPH to adopt regulations assuring the confidentiality of personal and patient-identifiable data collected.

The bill authorizes OHCA to (1) collect patient-level outpatient data from certain health care facilities and institutions and (2) establish a public-private cooperative data collection effort to assure that adequate health care personnel demographics are readily available. It also allows, rather than requires, OHCA to employ the most effective and practical means to fulfill its duties.

By law, OHCA must (1) authorize and oversee data collection activities, (2) oversee and coordinate the state's health system planning, (3) monitor health care costs, and (4) implement and oversee health care reform measures of the General Assembly.

*Senate Amendment "A" clarifies that OHCA's data collection authority includes, but is not limited to, the activities listed in the bill. It also allows, rather than requires, OHCA to employ the most effective and practical means to fulfill its duties.

*House Amendment "A" specifies that DPH's access to data has to be consistent with OHCA regulations on confidentiality and notice, requires DPH to adopt confidentiality regulations, and specifies those health care facilities and institutions from which OHCA can collect outpatient data.

EFFECTIVE DATE: October 1, 1998

FURTHER EXPLANATION

Outpatient Data--Applicable Facilities

The bill gives OHCA the authority to collect patient-level outpatient data from outpatient clinics; free standing outpatient surgical facilities; imaging centers; home health care agencies; homemaker-home health aide agencies; clinical laboratories or central service facilities serving one or more health care facilities, practitioners or institutions; hospitals;

personal care homes; nursing homes; nonprofit health centers; diagnostic and treatment facilities; rehabilitation facilities; and mental health facilities. It does not include any town-operated outpatient clinic, state-operated hospital, rehabilitation center including those affiliated with Easter Seals, health facility operated by a nonprofit educational institution solely for its students and staff, and Christian Science sanitorium.

BACKGROUND

Legislative History

The Senate passed the bill (File 322) with Senate Amendment "A" on April 8. The House referred the bill to the Appropriations Committee on April 15. That committee reported it favorably without change on April 16. The House then passed the bill with Senate "A" and House "A" on April 23.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 23 Nay 0

Appropriations Committee

Joint Favorable Report
Yea 45 Nay 0