CHA
CONNECTICUT
HOSPITAL
ASSOCIATION

TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Wednesday, March 3, 2021

HB 6424, An Act Revising Data Collection Requirements For Health Care Providers Connecting To The State-Wide Health Information Exchange

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **HB 6424, An Act Revising Data Collection Requirements For Health Care Providers Connecting To The State-Wide Health Information Exchange**. CHA supports the collection of data but opposes this bill.

Before commenting on this bill, it is important to acknowledge that, since early 2020, Connecticut's hospitals and health systems have been at the center of the global public health emergency, acting as the critical partner in the state's response to COVID-19. Hospitals expanded critical care capacity, stood up countless community COVID-19 testing locations, and are a critical component of the vaccine distribution plan. Through it all, hospitals and health systems have continued to provide high-quality care for everyone, regardless of ability to pay.

The lack of health equity is a public health emergency.

We have spent far too long on the current path, with little progress to show. Effective action requires a new approach. The failed path we are on has been decades in the making, puts too much weight on emerging technology as a panacea, and sets the stage for the unrestricted collection and use of these data.

Recognizing this, hospitals have undertaken extensive efforts in the past five years to improve the collection of race, ethnic, and preferred language data. The collection of such data requires training and sensitivity, as does understanding the use of this information by hospitals and health systems to benefit patient care. As a result of their efforts, hospital collection of these data is currently well over 90%.

Hospitals also recognize that, to understand health equity and promote health justice, we will need a much better understanding of race, ethnicity, preferred language, and disability status of patients than currently exists, and from more provider types than hospitals alone.

In addition, it is premature to propose a particular standard with respect to the collection of these data. The Health and Human Services' Office of Minority Health data collection standard has not been adopted by the Office of the National Coordinator and is not the standard for healthcare. Providers should have the flexibility to collect race/ethnic information that represents the range of patients they serve.

Unfortunately, the language in HB 6424 does not have sufficient clarity to help us move forward on these goals. A mandate for patient-level data should be transparent with regard to whether the state intends to access the data, specific as to the role of the statewide HIE, and expressly set the expectation that data sharing be consistent with federal privacy laws.

If HB 6424 is meant to improve the content of patient medical records, but is not meant to provide access to the collected data by the state or statewide HIE, then making changes to the public health code would be the more appropriate process.

This has been widely known for years, but the COVID-19 pandemic has shown we can no longer delay; we must act. Connecticut can be a leader. CHA and its member hospitals are ready and eager to help lead.

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