

Oppose Provider Fees for Connecticut Health Information Exchange (Connie)

LEGISLATORS: DON'T SHIFT MORE COSTS ONTO HEALTHCARE PROVIDERS

The Issue

The governor's midterm budget proposal cuts \$900,000 of previously allocated support for the Connecticut Health Information Exchange (Connie)

Greater Strain on Healthcare Hurts Patients

Without state funding of Connie, costs will be unfairly left to healthcare providers and others to pay for a state-mandated system. At a time of ongoing financial strain across the healthcare delivery system, the state must show its commitment to support Connie.

What We Support

- Sustainable state funding for Connie that does not rely on mandated healthcare providers paying fees
- A formal state study on the financial and administrative impact before any cost shift and legislative guardrails to prevent excessive or unpredictable costs
- Continued collaboration with providers to strengthen Connie's performance and governance



OPPOSE PROVIDER FEES FOR CONNECTICUT HEALTH INFORMATION EXCHANGE (CONNIE)

Healthcare Providers are Already Bearing the Cost

- Healthcare providers are required by law to connect to Connie and share patient information when patients choose to provide it
- Compliance already comes with significant operational costs, including data and IT staff, legal and contracting requirements, system integration and administrative costs

Fees Would be Influenced by Outside Parties — Without Sufficient Guardrails

- Connie has a local governing board but many of its operations are provided by an out-of-state vendor, not directly by the state
- Lack of state funding risks fees being based on external contractor needs, without statutory limits
- This creates the risk of unpredictable and escalating costs

Lack of Oversight and Accountability

- The proposal reduces state funding without a clear plan for sustainability for Connie
- The current regulations, policies, and governance structures for Connie are insufficient to ensure its sustainability
- Without legislative action now, providers could be required to fund a system without transparency or accountability for performance, security, or cost

The state should not shift the costs of Connie onto the providers that are already mandated to participate in Connie — especially without additional oversight, transparency, or cost protections in place.

SHIFTING CONNIE COSTS AND CREATING NEW FEES WOULD STRAIN HEALTHCARE PROVIDERS AND PATIENT CARE.

