

**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE GENERAL LAW COMMITTEE
Tuesday, March 2, 2004**

SB 439, An Act Concerning Electronic Monitoring Of Controlled Substance Prescriptions

On behalf of Connecticut's not-for-profit hospitals, the Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony on **SB 439, An Act Concerning Electronic Monitoring Of Controlled Substance Prescriptions**.

Although CHA supports the intent of the bill to reduce abuse of controlled substances, CHA has serious concerns about the operational impact of the bill on hospitals. Tracking and reporting this information in the electronic or written format ultimately designated by the Commissioner of Agriculture and Consumer Protection will result in significant expense for many hospitals. The operational complexity of the bill is compounded by the federal Health Insurance Portability and Accountability Act (HIPAA), which would require healthcare providers to track and account for any disclosures made pursuant to the bill, resulting in further administrative burdens. CHA also is concerned that the bill implies an obligation that physicians and pharmacists routinely request the information available to them under Section 21a-254(j)(5) of the bill and that a failure to do so might be inappropriate.

In addition, the information that hospitals would be required to report is extremely detailed and not all of the data elements listed in section 1 may be necessary to achieve the bill's goal. CHA recommends that the bill not specify the data elements to be included in the reports, and instead allow the data elements to be designated in the implementing regulations.

Should the Committee decide to move forward with the bill, CHA respectfully requests that the provision requiring the adoption of regulations be amended to require that the regulations be adopted prior to the implementation of the Act. This will permit hospitals to participate in the development of the specific procedures for reporting and use of electronic controlled substance prescription information. In addition, CHA respectfully suggests that the working group proposed by section 4 to develop this system should include a representative from CHA, as well as a representative from an individual hospital, so that the perspectives of a wide variety of hospitals can be represented. CHA would welcome the opportunity to assist in developing implementing regulations to ensure that the intent of the bill is met without placing any unnecessary burden on hospitals.

Thank you for your consideration of our position.

JJR:CCB:mb