



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Monday, March 21, 2022**

**SB 457, An Act Concerning The Department Of Public Health’s Recommendations
Regarding Connecticut’s Immunization Information System**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 457, An Act Concerning The Department Of Public Health’s Recommendations Regarding Connecticut’s Immunization Information System**. CHA supports the bill with the changes outlined below.

SB 457 would update the basic access and use rules for the state’s immunization information system. The bill is important to efforts that are intended to improve and modernize the state’s public health infrastructure and processes relating to immunizations.

The rapid rollout necessary for mass vaccination to combat COVID-19 exposed a variety of weaknesses in systems (both technical and administrative) that hampered the ability of providers and the state to collectively, and quickly, respond to the public health crisis.

The Department of Public Health (DPH) and hospitals worked closely to reduce the impact of those weaknesses and, along with other care partners, successfully implemented vaccination plans throughout Connecticut. With the response to the COVID-19 public health emergency front of mind, we welcome and applaud the department’s efforts to make necessary changes to how the immunization information system is used.

We have two questions and one recommendation.

Process for Opting Out of the Immunization Information System

At lines 35-40, the bill indicates that individual healthcare practitioners will give individuals (or parents as applicable) information on how they can “decline enrollment in the immunization information system.” It is not clear what that information would be, or what implications will result if an individual declined enrollment in the system.

- Can these patients still be given vaccinations?
- If yes, do providers need to block the patient’s information (which will still be in the patient’s medical record) from being sent to the state? This could impact the myriad reporting mechanisms for healthcare data that currently must be provided to DPH and

other state agencies, including the All-Payer Claims Database, the Department of Social Services (including when Medicaid is the payer), the Office of Health Strategy, and the state-wide health information system (HIE), including the core HIE platform for Connie.

Additionally, DPH should provide exactly what information patients need to be told to opt out of the DPH system. Providers have no control over DPH's immunization information system and should not be the ones explaining these choices to individuals.

Lines 190-194 indicate that a provider that administers vaccines to children under the immunization program is required to order vaccines using the immunization information system in a form and manner prescribed by the Commissioner of Public Health.

- If a family opts out of the immunization information system, as lines 35-40 detail that they may, will that make it difficult for a provider to meet the mandate in lines 190-194? Or any other mandate of the Vaccine for Children program?

Access by Provider Organizations

Lines 41-48 indicate that a practitioner intending to administer a vaccine may consult the immunization information system in advance "to determine current information on the immunization status" of the person who will be receiving the vaccination in order to determine "whether such person requires immunizations." That description is too narrow, and would limit the ability of a practitioner's organization to assist in planning for vaccination appointments, or otherwise create efficiencies for patient visits, and assessment of supplies and basic preparations for having the right vaccines available at the time of the patient's visit. It also impacts the ability of patients to more readily move between care settings on the continuum, as facilities like nursing homes need the status of a patient for transfer and accommodation.

CHA respectfully requests that the following revisions be made to avoid a provider's access from being too limited:

At line 41-42, after "Each health care provider intending to administer vaccines to any person" insert:

" , or an individual acting on behalf of the health care provider or the provider's organization,"

At line 48, after "immunizations," insert:

"to reduce duplication of services to such person, to improve scheduling and ensure on-site supply"

We appreciate your consideration of these questions and suggested revisions. We welcome the opportunity to work with the Committee and DPH to ensure patients receive timely and appropriate care.

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