

March 2nd, 2023

To:

Governor Ned Lamont
Office of Governor Ned Lamont
State Capitol
210 Capitol Avenue
Hartford, CT 06106

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Re: May 3rd Implementation Date for Connie for Behavioral Health and Outpatient Services

Dear Governor Lamont, Ms. Searls, Mr. Sajnani, and Dr. Gifford,

We write to you as an interdisciplinary group representing behavioral health professionals in Connecticut regarding the requirement to implement Connie by May 3rd 2023. We know that information transparency can have advantages in healthcare and we would like to be part of the solution to Connecticut's difficulties in meeting the mental health needs of its residents. We are also aware of the risks to this protected and vulnerable population. Inappropriate use of information and the need for privacy can prevent care in the midst of an increasing need for mental health services.

As we have attempted to meet the implementation deadlines and seek clarification of questions, we have become aware that the considerations specific to behavioral health services continue to remain unclear to the professionals that are required to implement them. We are also unclear on how to answer questions that arise for our own patients. We believe that clarity and attention to these details is essential for successful care for the people that we serve, and that premature implementation may do harm to this vulnerable population.

We are requesting a delay on the implementation deadline of May 3rd, 2023 for behavioral health services to ensure Connie will operate within the current boundaries of state and federal statutes related to protected health information in behavioral health and substance abuse treatment. Our recommendation would be for a workgroup to convene with the engagement of behavioral health providers to foster dialogue and ultimately clarity with regards to our questions and concerns related to CONNIE implementation. Our questions are contained in Appendix A below. In order to ensure a successful implementation for the individuals we serve, we again are recommending a delay in implementation at this time and the convening of a workgroup.

Thank you for your consideration.

Respectfully,

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Appendix A

Questions or concerns regarding Connie

1. The law is unclear as to what BH information (PHI) is actually uploaded and shared via the database that Connie requires.
2. BH has so many specialties, for example, substance use and forensics, that often require a higher level of protection on PHI. What are Connie's protections for this information?
3. Most behavioral health services are delivered in primary care when compared to psychiatry. What are Connie's protections for sensitive information in outpatient primary care settings?
4. The opt out options for patients or providers is unclear; can patients or providers opt out of only behavioral health services? And if so, how would that be addressed from a provider.
5. Providers are receiving concerning and unclear communications telling them they "must connect" without a clear explanation of what this means (and doesn't mean). Providers have not received appropriate information and training and are unclear on what needs to be done beyond connecting.
If providers do not join, what would be the sanctions and at what date?
6. Does the data sit on the Connie website or database? What are the protections to this information not being sold or used by other organizations?
7. Since the board includes members of private health organizations, what are the safeguards to protect a conflict of interest?
8. Consumers are largely unaware of what is happening. Most people have heard nothing about Connie and have not received any information about the system either from the state or from any of their medical providers or healthcare organizations. This is problematic with HIPAA and is in conflict with the fundamental nature of informed consent that is a cornerstone for healthcare treatment and behavioral healthcare.
9. The Connie website states that it does not routinely collect or share substance use disorder data (legally protected by law) regardless of if you participate in the system or not. However, this does not mean that no information will be provided in medical notes by providers (e.g. during a hospital admission; also, opt-out does not apply to the Prescription Drug Monitoring Program).
10. It appears that mental health services are being pulled into this process as DCF, DMHS, DSS, and DVA are listed on the slides. What does this mean for private practitioners? Will this mandate private practitioners to work with EMR that then will be pulled into "Connie"?
11. What interest might insurance companies (both private and public) have in this new way of collecting the information?
12. Will this mean in the future insurance subscribers will have a "forced choice" that their records will be accessible to "Connie"? As it is subscribers do not understand that

insurance companies can request a client treatment/record review without their written consent.

13. Will insurance companies with an interest in "Connie" be able to require practitioners to participate as a condition for panel membership?