



# STATE OF CONNECTICUT

## ASIAN PACIFIC AMERICAN AFFAIRS COMMISSION



**Address:**

18-20 Trinity Street  
Room 202  
Hartford, CT 06106  
**Tel:** 860-240-0080  
**Fax:** 860-240-0315  
**Email:** [apaac@cga.ct.gov](mailto:apaac@cga.ct.gov)  
**Website:**  
<http://ctapaac.com>

**Chair**

Trung Le  
**Vice-Chair**  
Sylvia Ho, Esq.

**Secretary**

Uswah Khan

**Treasurer**

Alan Tan

**Commissioners**

Arlene Avery  
Theodore Feng  
Theodore Hsu  
George Mathanool  
M. Angela Rola  
Arvind Shaw  
An-Ming Truxes

**Executive Director**

Mui Mui Hin-McCormick

**Legislative Analyst**

Alok Bhatt

Dear Members of the Health Information Technology (HIT) Council :

My name is Alok Bhatt. I serve as Legislative Analyst for the Asian Pacific American Affairs Commission (APAAC) of the Connecticut General Assembly.

APAAC follows a significant body of research concluding that the collection of Race, Ethnicity, and Language (REL) data by acute care hospitals and other federally-assisted health programs can help states and institutions assess and ultimately assess healthcare disparities<sup>1</sup>. REL data may provide guidance as to how hospitals may craft programs and services to best serve the demographics of their particular catchment areas.

To promote the monitoring of health equity and access among our state's diverse populations, APAAC seeks the HIT Council's support for our recommendations to HB 5451: An Act Concerning the Department of Public Health's Recommendations for Various Revisions to the Office of Health Care Access Statutes. Our comments will focus particularly on Section 1(a) of the bill as amended, which require the Office of Health Care Access, in consultation with the Department of Public Health and other agencies, to establish a "state-wide health care facilities and services plan."<sup>2</sup>

Section 11(a)(4) of HB 5451 reads, "the state-wide health care facility utilization study...may include an assessment of: ...geographic areas and subpopulations that may be underserved or have reduced access to specific types of health services. ...The commissioner, in consultation with hospital representatives, shall develop a process that encourages hospitals to incorporate the state-wide health care facilities and services plan into hospital long-range planning and shall facilitate communication between appropriate state agencies concerning innovations or changes that may affect future health planning."

This section seems to afford the Office of Health Care Access authority to recommend that hospitals collect REL data. Furthermore, also charges the Office of Health Care Access to collaborate with hospitals to address the health needs of underserved populations. REL data can inform hospitals, state agencies, and the community regarding

<sup>1</sup> <http://www.ahrq.gov/sites/default/files/publications/files/iomracereport.pdf>

<sup>2</sup> <http://cgalites/2016/TOB/h/2016HB-05451-R00-HB.htm>



# STATE OF CONNECTICUT

## ASIAN PACIFIC AMERICAN AFFAIRS COMMISSION



underserved populations in hospitals' service areas.

Though data alone cannot eliminate health disparities, the insights they provide can guide hospitals and other providers on the makeup and needs of the communities they serve. Subsequently, hospitals and other health providers can develop programs and services that target the specific health needs of their diverse populations.

Attached, please find a research sheet compiled on behalf of APAAC outlining the importance of REL data in discovering and addressing health disparities. We hope the HIT Council can support APAAC's recommendations and express to the Public Health Committee of that Connecticut General Assembly the importance of collecting REL data.

I thank you for your time and consideration of this important matter.

Sincerely,

Alok Bhatt  
*Legislative Analyst, APAAC*

*18-20 Trinity Street, Hartford, CT 06106  
Tel. (860) 240-0080, Fax (860) 240-0315  
E-Mail: [apaac@cga.ct.gov](mailto:apaac@cga.ct.gov)  
Web Site – <http://ctapaac.com/>*