Connecticut State Innovation Model (SIM) Project Healthcare Innovation Steering Committee & Workgroups Office of the Healthcare Advocate, Hartford CT June 11th 2015

My name is Supriyo B. Chatterjee and I reside in West Hartford Connecticut. I would like to submit my comments for your consideration. In November 2014, I attended the Health Equity Forum at the Hartford Public Library where I heard panelist, Alphonse Wright (Chair of the Connecticut African-American Affairs Commission), make a profound statement – "even now African-Americans distrust health agencies due to the Tuskegee Experiments." It is well over 8 decades since those experiments commenced, and ~35 years since the Belmont Report Commission made recommendations about research ethics and Institutional Review Boards. It's about two decades since President Clinton made a public apology for the Tuskegee wrongdoings. The ongoing lower participation by African-Americans in pharmaceutical clinical trials is still a source of health disparities. Quite simply, it is imperative to have a Code of Ethics because CT SIM programs are in the arena of Public Health and Health Equity. A Code of Ethics brings more than an equitable way of conducting business without conflicts of interest – it lays the foundation of restorative trust and an understanding of the fiduciary duties of CT SIM program participants. These programs make up the public good to be delivered - the innovative healthcare model with the goals of Better Health, Eliminating Disparities, Quality Care, and Lower Costs. Recently, I made a request to the US Health & Human Services - Office of Minority Health and the CT Department of Public Health for copies of the two 'Culturally and Linguistically Appropriate Services' (CLAS) reports with its disclosure Declaration Statements of Conflict-of-Interest; these were published by CT Multicultural Health Partnership in April 2012 & April 2015. This disclosure is a requirement under 'Responsibility of Applicants for Promoting Objectivity in Research for Public Health Service Funding' regulations. It is also a fiduciary responsibility showing diligence and integrity that helps restore trust.

I would like to close with a quote from Dr. Francis Collins, Director of the National Institutes of Health and of the Human Genome Project - "The public trust in what we do is just essential, and we cannot afford to take any chances with the integrity of the research process."

Thank you.

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Prior CT SIM Public Comments:

CT SIM - Practice Transformation Task Force Meeting June 9th (under Public Comment) http://www.healthreform.ct.gov/ohri/lib/ohri/PublicComment_PTTF_Chatterjee_06092015.pdf

CT SIM - Equity and Access Council Meeting May 28th (under Public Comment) http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/equity_access/2015_05_28/ctsimmay28.pdf

CT SIM - Practice Transformation Task Force Meeting May 19th (under Public Comment) <u>http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/practice_transformation/2015-05-19/ctsim-may19.pdf</u>

CT SIM Healthcare Innovation Steering Committee Meeting May 14th (under Public Comment) http://www.healthreform.ct.gov/ohri/lib/ohri/sim/steering_committee/2015-05-14/comment_chatterjee_clas_05142015.pdf

CT SIM - Practice Transformation Task Force Meeting April 28th (under Public Comment) http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/practice_transformation/2015-04-28/publiccomment_pttf_chatterjee_04282015.pdf

CT SIM - Equity and Access Council Meeting April 23rd (under Public Comment) http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/equity_access/2015_04_23/ctsimapr23.pdf

CT SIM Healthcare Innovation Steering Committee Meeting April 9th (under Public Comment) CT SIM - Equity and Access Council Meeting April 9th (under Public Comment) <u>http://www.healthreform.ct.gov/ohri/lib/ohri/sim/steering_committee/2015-04-</u>09/public_comment_chatterjee_04092015.pdf

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