



# Senate

General Assembly

**File No. 575**

January Session, 2011

Substitute Senate Bill No. 1201

*Senate, April 18, 2011*

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

## ***AN ACT CONCERNING PATIENT ACCESS AND CONTROL OVER MEDICAL TEST RESULTS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 20-7c of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2011*):

3 (a) For purposes of this section, ["provider"] "clinical laboratory" has  
4 the same meaning as provided in section [20-7b] 19a-30. Clinical  
5 laboratory does not include any state laboratory established by the  
6 Department of Public Health pursuant to section 19a-26 or 19a-29.

7 (b) [(1) A] Except as provided for in subsection (e) of this section, a  
8 provider [, except as provided in section 4-194,] shall (1) supply to a  
9 patient upon request complete and current information possessed by  
10 that provider concerning any diagnosis, treatment and prognosis of  
11 the patient, [ (2) A provider shall] and (2) notify a patient of any test  
12 results in the provider's possession or requested by the provider for  
13 the purposes of diagnosis, treatment or prognosis of such patient. In

14 addition, upon the request of a patient or a provider who orders  
15 medical tests on behalf of a patient, a clinical laboratory shall provide  
16 medical test results relating to the patient to any other provider who is  
17 treating the patient for the purposes of diagnosis, treatment or  
18 prognosis of such patient.

19 (c) A provider, who requests that his or her patient submit to  
20 repeated medical testing at regular intervals, over a specified period of  
21 time, for purposes of ascertaining a diagnosis, prognosis or  
22 recommended course of treatment for such patient, may issue a single  
23 authorization that allows the entity that conducts such medical testing,  
24 including, but not limited to, a clinical laboratory, to directly  
25 communicate the results of such testing to the patient for the period of  
26 time that such testing is requested by the provider.

27 [(c)] (d) Upon a written request of a patient, a patient's attorney or  
28 authorized representative, or pursuant to a written authorization, a  
29 provider, except as provided in section 4-194, shall furnish to the  
30 person making such request a copy of the patient's health record,  
31 including but not limited to, bills, x-rays and copies of laboratory  
32 reports, contact lens specifications based on examinations and final  
33 contact lens fittings given within the preceding three months or such  
34 longer period of time as determined by the provider but no longer  
35 than six months, records of prescriptions and other technical  
36 information used in assessing the patient's health condition. No  
37 provider shall refuse to return to a patient original records or copies of  
38 records that the patient has brought to the provider from another  
39 provider. When returning records to a patient, a provider may retain  
40 copies of such records for the provider's file, provided such provider  
41 does not charge the patient for the costs incurred in copying such  
42 records. No provider shall charge more than sixty-five cents per page,  
43 including any research fees, handling fees or related costs, and the cost  
44 of first class postage, if applicable, for furnishing a health record  
45 pursuant to this subsection, except such provider may charge a patient  
46 the amount necessary to cover the cost of materials for furnishing a  
47 copy of an x-ray, provided no such charge shall be made for furnishing

48 a health record or part thereof to a patient, a patient's attorney or  
49 authorized representative if the record or part thereof is necessary for  
50 the purpose of supporting a claim or appeal under any provision of the  
51 Social Security Act and the request is accompanied by documentation  
52 of the claim or appeal. A provider shall furnish a health record  
53 requested pursuant to this section within thirty days of the request. No  
54 health care provider, who has purchased or assumed the practice of a  
55 provider who is retiring or deceased, may refuse to return original  
56 records or copied records to a patient who decides not to seek care  
57 from the successor provider. When returning records to a patient who  
58 has decided not to seek care from a successor provider, such provider  
59 may not charge a patient for costs incurred in copying the records of  
60 the retired or deceased provider.

61 ~~[(d)]~~ (e) If a provider reasonably determines that the information is  
62 detrimental to the physical or mental health of the patient, or is likely  
63 to cause the patient to harm himself, herself or another, the provider  
64 may withhold the information from the patient. The information may  
65 be supplied to an appropriate third party or to another provider who  
66 may release the information to the patient. If disclosure of information  
67 is refused by a provider under this subsection, any person aggrieved  
68 thereby may, within thirty days of such refusal, petition the superior  
69 court for the judicial district in which such person resides for an order  
70 requiring the provider to disclose the information. Such a proceeding  
71 shall be privileged with respect to assignment for trial. The court, after  
72 hearing and an in camera review of the information in question, shall  
73 issue the order requested unless it determines that such disclosure  
74 would be detrimental to the physical or mental health of the person or  
75 is likely to cause the person to harm himself, herself or another.

76 ~~[(e)]~~ (f) The provisions of this section shall not apply to any  
77 information relative to any psychiatric or psychological problems or  
78 conditions.

79 ~~[(f)]~~ (g) In the event that a provider abandons his or her practice, the  
80 Commissioner of Public Health may appoint a licensed health care

81 provider to be the keeper of the records, who shall be responsible for  
82 disbursing the original records to the provider's patients, upon the  
83 request of any such patient.

84 (h) The Commissioner of Public Health shall adopt regulations, in  
85 accordance with the provisions of chapter 54, to carry out the  
86 provisions of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2011	20-7c

**PH**      *Joint Favorable Subst.*

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The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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***OFA Fiscal Note***

***State Impact:*** None

***Municipal Impact:*** None

***Explanation***

The bill, which requires the Department of Public Health to adopt regulations related to clinical laboratory provisions, does not result in a fiscal impact to the agency.

***The Out Years***

***State Impact:*** None

***Municipal Impact:*** None

**OLR Bill Analysis****sSB 1201*****AN ACT CONCERNING PATIENT ACCESS AND CONTROL OVER MEDICAL TEST RESULTS.*****SUMMARY:**

This bill (1) requires clinical laboratories to provide patient test results to additional health care providers in certain situations and (2) allows a patient to receive directly test results when the patient is undergoing repeated testing. The Department of Public Health (DPH) must adopt regulations to implement the bill.

EFFECTIVE DATE: October 1, 2011

**ACCESS TO MEDICAL TEST RESULTS**

The law requires a health care provider, except in limited circumstances, to supply a patient, upon request, complete and current information the provider has about the patient's diagnosis or treatment. The provider must also notify a patient of any test results in his or her possession or requested by the provider for purposes of diagnosis, treatment, or prognosis. The law generally does not allow direct reporting to patients of laboratory test results. But they may be reported to patients upon the written request of the provider who ordered the testing (Conn. Agencies Regs. Sec. 19a-36-D32).

***Test Results to Additional Providers***

Under the bill, if a patient or a provider who orders medical tests for the patient so requests, a clinical laboratory must supply the test results to any other provider who is seeing the patient for treatment, diagnosis, or prognosis purposes. The bill defines "clinical laboratory" as any facility or other area used for microbiological, serological, chemical, hematological, immunohematological, biophysical, cytological, pathological, or other examinations of human body fluids,

secretions, excretions, or excised or exfoliated tissues, for the purpose of providing information for the diagnosis, prevention, or treatment of any human disease or impairment, assessment of human health, or for the presence of drugs, poisons, or other toxicological substances. For the purposes of the bill, a clinical laboratory does not include any state laboratory established by DPH.

***Direct Reporting to Patient***

Under the bill, a provider can issue a single authorization allowing a clinical laboratory or other entity performing medical testing to give directly to the patient the test results in situations where the provider asks the patient to submit to repeated testing at regular intervals over a specified time period. Such testing must be for determining a diagnosis, prognosis, or recommended treatment course.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable Substitute

Yea 28 Nay 0 (04/01/2011)