



House of Representatives

General Assembly

File No. 581

January Session, 2019

House Bill No. 7301

House of Representatives, April 10, 2019

The Committee on Public Health reported through REP. STEINBERG of the 136th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING REMOTE ACCESS TO ELECTRONIC MEDICAL RECORDS BY THE DEPARTMENT OF PUBLIC HEALTH.

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

1 Section 1. Section 19a-215 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2019*):

3 (a) For the purposes of this section:

4 (1) "Clinical laboratory" means any facility or other area used for
5 microbiological, serological, chemical, hematological,
6 immunohematological, biophysical, cytological, pathological or other
7 examinations of human body fluids, secretions, excretions or excised
8 or exfoliated tissues, for the purpose of providing information for the
9 diagnosis, prevention or treatment of any human disease or
10 impairment, for the assessment of human health or for the presence of
11 drugs, poisons or other toxicological substances.

12 (2) "Commissioner's list of reportable diseases, emergency illnesses
13 and health conditions" and "commissioner's list of reportable
14 laboratory findings" means the lists developed pursuant to section 19a-
15 2a.

16 (3) "Confidential" means confidentiality of information pursuant to
17 section 19a-25.

18 (4) "Health care provider" means a person who has direct or
19 supervisory responsibility for the delivery of health care or medical
20 services, including licensed physicians, nurse practitioners, nurse
21 midwives, physician assistants, nurses, dentists, medical examiners
22 and administrators, superintendents and managers of health care
23 facilities.

24 (5) "Reportable diseases, emergency illnesses and health conditions"
25 means the diseases, illnesses, conditions or syndromes designated by
26 the Commissioner of Public Health on the list required pursuant to
27 section 19a-2a.

28 (b) A health care provider shall report each case occurring in such
29 provider's practice, of any disease on the commissioner's list of
30 reportable diseases, emergency illnesses and health conditions to the
31 director of health of the town, city or borough in which such case
32 resides and to the Department of Public Health, no later than twelve
33 hours after such provider's recognition of the disease. Such reports
34 shall be in writing, by telephone or in an electronic format approved
35 by the commissioner. [Such reports of disease shall be confidential and
36 not open to public inspection except as provided for in section 19a-25.]

37 (c) A clinical laboratory shall report each finding identified by such
38 laboratory of any disease identified on the commissioner's list of
39 reportable laboratory findings to the Department of Public Health not
40 later than forty-eight hours after such laboratory's finding. A clinical
41 laboratory that reports an average of more than thirty findings per
42 month shall make such reports electronically in a format approved by
43 the commissioner. Any clinical laboratory that reports an average of

44 less than thirty findings per month shall submit such reports, in
45 writing, by telephone or in an electronic format approved by the
46 commissioner. [All such reports shall be confidential and not open to
47 public inspection except as provided for in section 19a-25.] The
48 Department of Public Health shall provide a copy of all such reports to
49 the director of health of the town, city or borough in which the affected
50 person resides or, in the absence of such information, the town where
51 the specimen originated.

52 (d) When a local director of health, the local director's authorized
53 agent or the Department of Public Health receives a report of a disease
54 or laboratory finding on the commissioner's lists of reportable diseases,
55 emergency illnesses and health conditions and laboratory findings, the
56 local director of health, the local director's authorized agent or the
57 Department of Public Health may contact first the reporting health
58 care provider and then the person with the reportable finding to obtain
59 such information as may be necessary to lead to the effective control of
60 further spread of such disease. In the case of reportable communicable
61 diseases and laboratory findings, this information may include
62 obtaining the identification of persons who may be the source or
63 subsequent contacts of such infection.

64 (e) The Department of Public Health shall have access, including
65 remote access, in a manner approved by the Commissioner of Public
66 Health, to each electronic medical record that concerns a reportable
67 disease, emergency illness or health condition listed by the
68 commissioner pursuant to subdivision (9) of section 19a-2a that occurs
69 at a hospital, as defined in section 19a-490, licensed pursuant to
70 chapter 368v.

71 ~~[(e)]~~ (f) All personal information obtained from disease prevention
72 and control investigations as performed in subsections (c) and (d) of
73 this section including the health care provider's name and the identity
74 of the reported case of disease and suspected source persons and
75 contacts shall not be divulged to anyone and shall be held strictly
76 confidential pursuant to section 19a-25, by the local director of health

77 and the director's authorized agent and by the Department of Public
78 Health.

79 [(f)] (g) Any person who violates any reporting or confidentiality
80 provision of this section shall be fined not more than five hundred
81 dollars. No provision of this section shall be deemed to supersede
82 section 19a-584.

83 Sec. 2. Subsection (c) of section 19a-72 of the general statutes is
84 repealed and the following is substituted in lieu thereof (*Effective*
85 *October 1, 2019*):

86 (c) The Department of Public Health shall be provided such access
87 to the records of any health care provider, as the department deems
88 necessary, and remote access to the records of any hospital to perform
89 case finding or other quality improvement audits to ensure
90 completeness of reporting and data accuracy consistent with the
91 purposes of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2019</i>	19a-215
Sec. 2	<i>October 1, 2019</i>	19a-72(c)

PH *Joint Favorable*

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.

OFA Fiscal Note**State Impact:** None**Municipal Impact:** None**Explanation**

This bill, which grants the Department of Public Health access to certain hospital electronic medical records, is not anticipated to result in a fiscal impact to the State or municipalities.

The Out Years**State Impact:** None**Municipal Impact:** None

OLR Bill Analysis**HB 7301*****AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING REMOTE ACCESS TO ELECTRONIC MEDICAL RECORDS BY THE DEPARTMENT OF PUBLIC HEALTH.*****SUMMARY**

This bill grants the Department of Public Health (DPH) access, including remote access, to hospital electronic medical records on reportable diseases and emergency illnesses and health conditions, in a manner the commissioner approves (see BACKGROUND).

It also grants the department remote access to hospital records related to the Connecticut Tumor Registry, as the department deems necessary to perform case findings or other quality improvement audits (see BACKGROUND). Existing law already grants the department access to health care provider records for this purpose.

By law, these records generally (1) are confidential and not subject to disclosure, (2) are not admissible as evidence in any court or agency proceeding, and (3) must be used solely for medical or scientific research or disease control and prevention purposes.

The bill also makes technical changes.

EFFECTIVE DATE: October 1, 2019

BACKGROUND***DPH Reportable Disease List***

By law, DPH maintains an annual list of reportable diseases and emergency illnesses and conditions and reportable lab findings. Health care providers and clinical laboratories must report cases of the listed conditions within certain timeframes to the department and the local

health director where the case occurs.

Connecticut Tumor Registry

By law, the Connecticut Tumor Registry includes reports of all tumors and conditions that are diagnosed or treated in the state for which DPH requires reports. Hospitals, various health care providers, and clinical laboratories must provide such reports to DPH for inclusion in the registry.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 20 Nay 1 (03/22/2019)