



# House of Representatives

**File No. 971**

General Assembly

January Session, 2019

**(Reprint of File No. 581)**

House Bill No. 7301  
As Amended by House Amendment  
Schedule "A"

Approved by the Legislative Commissioner  
May 22, 2019

**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 Section 19a-215 of the general statutes is repealed and the  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) A hospital, as defined in section 19a-490 and licensed pursuant to  
65 chapter 368v, shall provide the Department of Public Health with  
66 access, including remote access if technically feasible, in a manner  
67 approved by the Commissioner of Public Health, to the entirety of each  
68 electronic medical record that concerns a reportable disease,  
69 emergency illness or health condition listed by the commissioner  
70 pursuant to subdivision (9) of section 19a-2a that occurs at such  
71 hospital.

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

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

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

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85 repealed and the following is substituted in lieu thereof (*Effective*  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

87 (c) [The] (1) A health care provider shall provide the Department of  
88 Public Health, [shall be provided such] at the request of the  
89 department, with access to the clinical records of any [health care  
90 provider] patient, as the department deems necessary, to perform case  
91 finding or other quality improvement audits to ensure completeness of  
92 reporting and data accuracy consistent with the purposes of this  
93 section.

94 (2) A hospital shall provide the Department of Public Health with  
95 access, including remote access if technically feasible, to the entirety of  
96 a patient's medical record, as the department deems necessary, to  
97 perform case finding or other quality improvement audits to ensure  
98 completeness of reporting and data accuracy consistent with the  
99 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)

*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 hospitals to provide to the Department of Public Health (DPH) certain patient medical records, is not anticipated to result in a fiscal impact to the State or municipalities.

House "A" alters the original bill by clarifying hospitals shall provide to DPH, electronically when technically feasible, the entirety of a medical record in certain situations.

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

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**OLR Bill Analysis****HB 7301 (as amended by House "A")\******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 requires hospitals to provide the Department of Public Health (DPH) access, including remote access if technically feasible, to complete electronic medical records on reportable diseases and emergency illnesses and health conditions, in a manner the commissioner approves (see BACKGROUND).

It also requires hospitals to grant DPH access, including remote access if technically feasible, to complete patient medical records related to the Connecticut Tumor Registry. Hospitals must do this only if the department requests it and deems it 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.

\*House Amendment "A" specifies that hospitals must provide DPH (1) access to complete medical records and (2) remote access to the medical records only if it is technically feasible.

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)