

---

---

## **OLR Bill Analysis**

### **HB 6489**

#### ***AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING REMOTE ACCESS TO MEDICAL RECORDS MAINTAINED BY HOSPITALS AND HEALTH CARE PROVIDERS.***

#### **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:

1. Connecticut Tumor Registry, if the department deems it necessary to perform case findings or other quality improvement audits (see BACKGROUND) and
2. Maternal Mortality Review Program, if DPH deems it necessary to review case information related to a death under review by the program (see BACKGROUND).

(Existing law already grants DPH access to health care provider records for these purposes.)

Under the bill, as under the existing 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.

Additionally, the bill requires DPH, no earlier than July 1, 2021, to

establish a one-year pilot program to initially test the impact of providing DPH remote access to complete hospital electronic medical records related to birth defects, births, fetal deaths, and death occurrences. Within 30 days after the pilot program ends, DPH must determine whether it will be fully implemented. If so, hospitals must start providing DPH access to these records on a continual basis.

Lastly, the bill makes technical changes.

EFFECTIVE DATE: October 1, 2021, except the pilot program provisions take effect July 1, 2021.

### **PILOT PROGRAM**

The bill requires the Connecticut Hospital Association to identify one hospital to participate in the one-year pilot program, which DPH must establish no earlier than July 1, 2021. That hospital must share complete electronic medical records related to birth defects, births, fetal deaths, and death occurrences that DPH deems necessary to perform quality improvement audits for related data accuracy and completeness of reporting. Under the bill, these records are confidential in the same manner as described above.

The bill also requires DPH, no earlier than July 1, 2022, to evaluate the pilot program to determine any achieved (1) improvements in data accuracy and timeliness and (2) cost savings. Within 30 days after the pilot program ends, the commissioner must determine whether the pilot program will be fully implemented. If so, hospitals must start providing DPH access to these records on a continual basis.

### **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.

***Maternity Mortality Review Program***

DPH's Maternity Mortality Review Program identifies maternal deaths in Connecticut, and reviews related medical records and other relevant data, including death and birth records, the Office of the Chief Medical Examiner's files, and physician office and hospital records. The program's review committee conducts comprehensive, multidisciplinary reviews of maternal deaths to identify associated factors and make recommendations to reduce these deaths.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 29 Nay 4 (03/12/2021)