



House of Representatives

General Assembly

File No. 228

January Session, 2021

House Bill No. 6489

House of Representatives, March 31, 2021

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 MEDICAL RECORDS MAINTAINED BY HOSPITALS AND HEALTH CARE PROVIDERS.

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 Section 19a-215 of the general statutes is repealed and the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, 2021*):

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 or
8 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 laboratory
14 findings" means the lists developed pursuant to section 19a-2a.

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

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

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

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

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

44 such reports shall be confidential and not open to public inspection
45 except as provided for in section 19a-25.] The Department of Public
46 Health shall provide a copy of all such reports to the director of health
47 of the town, city or borough in which the affected person resides or, in
48 the absence of such information, the town where the specimen
49 originated.

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

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

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

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

81 Sec. 2. Subsection (c) of section 19a-72 of the general statutes is
82 repealed and the following is substituted in lieu thereof (*Effective October*
83 *1, 2021*):

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

90 (2) A hospital shall provide the Department of Public Health with
91 access, including remote access if technically feasible, to the entirety of
92 a patient's medical record, as the department deems necessary, to
93 perform case finding or other quality improvement audits to ensure
94 completeness of reporting and data accuracy consistent with the
95 purposes of this section. No personal information obtained from the
96 medical record shall be divulged to anyone and shall be held strictly
97 confidential pursuant to section 19a-25 by the Department of Public
98 Health.

99 Sec. 3. (NEW) (*Effective July 1, 2021*) (a) On or after July 1, 2021, the
100 Department of Public Health shall establish a one-year pilot program to
101 initially test the impact of providing remote access to electronic medical
102 records maintained by a hospital, for the purposes of carrying out its
103 duties pursuant to sections 7-48, 7-60, 7-62b and 19a-53 of the general
104 statutes. A hospital, as identified by the Connecticut Hospital
105 Association, shall provide the Department of Public Health with remote
106 access to the entirety of a medical record, as the department deems
107 necessary, to perform quality improvement audits to ensure
108 completeness of reporting and data accuracy of birth, fetal death and
109 death occurrences. No personal information obtained from the medical

110 record shall be divulged to anyone and shall be held strictly confidential
111 pursuant to section 19a-25 of the general statutes by the Department of
112 Public Health.

113 (b) On or after July 1, 2022, following implementation of the pilot
114 program established under subsection (a) of this section, the
115 Commissioner of Public Health shall evaluate said pilot program to
116 ascertain specific improved data accuracy, timeliness and any cost
117 efficiencies achieved. Not later than thirty days following completion of
118 said pilot program, the commissioner shall determine whether the
119 program shall be fully implemented. If the pilot program is to be fully
120 implemented, remote access shall be given on a continual basis to the
121 Department of Public Health to perform quality improvement audits to
122 ensure completeness of reporting and data accuracy of birth, fetal death
123 and death occurrences.

124 Sec. 4. Section 19a-59h of the general statutes is repealed and the
125 following is substituted in lieu thereof (*Effective October 1, 2021*):

126 (a) As used in this section and section 19a-59i, "maternal death"
127 means the death of a woman while pregnant or not later than one year
128 after the date on which the woman ceases to be pregnant, regardless of
129 whether the woman's death is related to her pregnancy, and
130 "department" means the Department of Public Health.

131 (b) There is established, within the department, a maternal mortality
132 review program. The program shall be responsible for identifying
133 maternal death cases in Connecticut and reviewing medical records and
134 other relevant data related to each maternal death case, including, but
135 not limited to, information collected from death and birth records, files
136 from the Office of the Chief Medical Examiner, and physician office and
137 hospital records.

138 (c) Licensed health care providers, health care facilities and
139 pharmacies shall provide the maternal mortality review program,
140 established under this section with reasonable access to all relevant
141 medical records associated with a maternal death case under review by

142 the program.

143 (d) A hospital shall provide the department with access, including
144 remote access if technically feasible, to the entirety of a patient's medical
145 record, as the department deems necessary, to review case information
146 related to a maternal death case under review by the program. All
147 personal information obtained from the medical record shall not be
148 divulged to anyone and shall be held strictly confidential pursuant to
149 section 19a-25 by the department.

150 ~~[(d)]~~ (e) All information obtained by the department for the maternal
151 mortality review program shall be confidential pursuant to section 19a-
152 25.

153 ~~[(e)]~~ (f) Notwithstanding subsection ~~[(d)]~~ (e) of this section, the
154 department may provide the maternal mortality review committee,
155 established pursuant to section 19a-59i, with information as is necessary,
156 in the department's discretion, for the committee to make
157 recommendations regarding the prevention of maternal death.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2021	19a-215
Sec. 2	October 1, 2021	19a-72(c)
Sec. 3	July 1, 2021	New section
Sec. 4	October 1, 2021	19a-59h

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 requires hospitals to provide the Department of Public Health with access to certain 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 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)