



Senate

General Assembly

File No. 120

January Session, 2023

Substitute Senate Bill No. 958

Senate, March 20, 2023

The Committee on Public Health reported through SEN. ANWAR of the 3rd Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE TIMELY TRANSFER OF MEDICAL RECORDS BETWEEN HEALTH CARE INSTITUTIONS AND THE FEE CHARGED FOR COPIES OF MEDICAL RECORDS.

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

1 Section 1. (NEW) (*Effective from passage*) Each institution, as defined
2 in section 19a-490 of the general statutes, shall, upon receipt of a patient-
3 approved medical records request, transfer such patient's medical
4 records to another institution (1) immediately, if such request is urgent,
5 or (2) not later than two business days after such request is made, if such
6 request is not urgent.

7 Sec. 2. Subsection (d) of section 20-7c of the general statutes is
8 repealed and the following is substituted in lieu thereof (*Effective from*
9 *passage*):

10 (d) Upon a written request of a patient, a patient's attorney or
11 authorized representative, or pursuant to a written authorization, a
12 provider, except as provided in section 4-194, shall furnish to the person

13 making such request a copy of the patient's health record, including but
14 not limited to, bills, x-rays and copies of laboratory reports, contact lens
15 specifications based on examinations and final contact lens fittings
16 given within the preceding three months or such longer period of time
17 as determined by the provider but no longer than six months, records of
18 prescriptions and other technical information used in assessing the
19 patient's health condition. No provider shall refuse to return to a patient
20 original records or copies of records that the patient has brought to the
21 provider from another provider. When returning records to a patient, a
22 provider may retain copies of such records for the provider's file,
23 provided such provider does not charge the patient for the costs
24 incurred in copying such records. No provider or other party in
25 possession or control of a patient's medical records shall charge a
26 patient, patient's attorney or patient's authorized representative more
27 than (1) sixty-five cents per page, or (2) any patient rate amount or
28 reasonable cost-based fee promulgated under any federal or state law
29 or regulation of Connecticut state agencies or administrative guidance
30 regarding such law or regulation, whichever is less, regardless of
31 whether such patient rate amount or reasonable cost-based fee
32 otherwise applies to requests by a patient's attorney or patient's
33 authorized representative, including any research fees, handling fees or
34 related costs, and the cost of first class postage, if applicable, for
35 furnishing a health record pursuant to this subsection, except such
36 provider may charge a patient the amount necessary to cover the cost of
37 materials for furnishing a copy of an x-ray, provided no such charge
38 shall be made for furnishing a health record or part thereof to a patient,
39 a patient's attorney or authorized representative if the record or part
40 thereof is necessary for the purpose of supporting a claim or appeal
41 under any provision of the Social Security Act or a claim or appeal for
42 veterans' benefits under any provision of Title 38 of the United States
43 Code or chapter 506 and the request is accompanied by documentation
44 of the claim or appeal. A provider shall furnish a health record
45 requested pursuant to this section within thirty days of the request. No
46 health care provider, who has purchased or assumed the practice of a
47 provider who is retiring or deceased, may refuse to return original

48 records or copied records to a patient who decides not to seek care from
 49 the successor provider. When returning records to a patient who has
 50 decided not to seek care from a successor provider, such provider may
 51 not charge a patient for costs incurred in copying the records of the
 52 retired or deceased provider.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	20-7c(d)

Statement of Legislative Commissioners:

In Section 2, "otherwise" was inserted before "applies" for clarity.

PH *Joint Favorable Subst.*

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**

The bill, which results in no fiscal impact, sets deadlines for licensed health care institutions to transfer patient medical records to another institution as well as sets new limits on health record fees charged by individual health care providers.

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

OLR Bill Analysis**sSB 958*****AN ACT CONCERNING THE TIMELY TRANSFER OF MEDICAL RECORDS BETWEEN HEALTH CARE INSTITUTIONS AND THE FEE CHARGED FOR COPIES OF MEDICAL RECORDS.*****SUMMARY**

This bill sets deadlines for licensed health care institutions to transfer patient medical records to another institution upon receiving a patient-approved medical records request. Under the bill, the transfer must occur (1) immediately, for urgent requests, or (2) within two business days, for non-urgent requests.

The bill also sets new limits on health record fees charged by individual health care providers. Under current law, a provider can charge up to 65 cents per page, including any applicable research or handling fees, related costs, and first-class postage to supply a patient's health record. The bill instead sets the limit as the lesser of (1) 65 cents per page or (2) any patient rate amount or reasonable cost-based fee under federal or state law, state regulation, or related administrative guidance. The bill's limit specifically applies to not just providers, but to any other party that has or controls a patient's medical records.

As under existing law, these provisions apply to medical records requests by patients themselves or by their attorneys or authorized representatives. The bill specifies that the fee limit applies regardless of whether the patient rate amount or cost-based fee applies to requests by a patient's attorney or authorized representative.

Under existing law, unchanged by the bill, a provider:

1. can also charge a patient the amount necessary to cover the cost of material for providing a copy of an x-ray and

2. cannot impose fees for providing health records if the patient needs the records for a Social Security or veterans' benefits claim or appeal.

A separate law, unchanged by the bill, sets a limit of 65 cents per page (including fees, costs, and postage) for medical records requests to licensed health care institutions (CGS § 19a-490b).

EFFECTIVE DATE: Upon passage

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 35 Nay 0 (03/03/2023)