



House of Representatives

General Assembly

File No. 514

February Session, 2024

Substitute House Bill No. 5411

House of Representatives, April 16, 2024

The Committee on Judiciary reported through REP. STAFSTROM of the 129th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING REQUESTS FOR HEALTH RECORDS AND THE FEES CHARGED FOR ACCESS TO SUCH RECORDS.

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

1 Section 1. Section 31-294f of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2024*):

3 (a) An injured employee shall submit [himself] to an examination by
4 a reputable practicing physician or surgeon, at any time while claiming
5 or receiving compensation, upon the reasonable request of the employer
6 or at the direction of the administrative law judge. The examination
7 shall be performed to determine the nature of the injury and the
8 incapacity resulting from the injury. The physician or surgeon shall be
9 selected by the employer from an approved list of physicians and
10 surgeons prepared by the chairperson of the Workers' Compensation
11 Commission and shall be paid by the employer. At any examination
12 requested by the employer or directed by the administrative law judge
13 under this section, the injured employee shall be allowed to have in
14 attendance any reputable practicing physician or surgeon that the

15 employee obtains and [pays for himself] is paid for by the employee.
16 The employee shall submit to all other physical examinations as
17 required by this chapter. The refusal of an injured employee to submit
18 [himself] to a reasonable examination under this section shall suspend
19 [his] the employee's right to compensation during such refusal.

20 (b) All medical reports concerning any injury of an employee
21 sustained in the course of [his] the employee's employment shall be
22 furnished [within] not later than thirty days after the date of completion
23 of the reports, at the same time and in the same manner, to the employer
24 and the employee or [his] the employee's attorney.

25 (c) The administrative law judge may penalize a practicing physician,
26 surgeon or a third-party vendor acting on behalf of such physician or
27 surgeon if a medical report is not furnished not later than thirty days
28 after the date of completion of the report. Penalties imposed by an
29 administrative law judge shall include (1) issuance of written
30 notification of noncompliance in furnishing a medical report to the
31 practicing physician, surgeon or a third-party vendor acting on behalf
32 of such physician or surgeon, (2) an order requiring a physician, surgeon
33 or third-party vendor to appear at a hearing to explain the reasons for
34 not furnishing the report in a timely fashion, or (3) a fine not to exceed
35 five hundred dollars payable to the claimant.

36 Sec. 2. Section 20-7c of the general statutes is repealed and the
37 following is substituted in lieu thereof (*Effective October 1, 2024*):

38 (a) For purposes of this section, "clinical laboratory" has the same
39 meaning as provided in section 19a-490. "Clinical laboratory" does not
40 include any state laboratory established by the Department of Public
41 Health pursuant to section 19a-26 or 19a-29.

42 (b) Except as provided for in subsection (e) of this section, a provider
43 shall (1) supply to a patient upon request complete and current
44 information possessed by that provider concerning any diagnosis,
45 treatment and prognosis of the patient, and (2) notify a patient of any
46 test results in the provider's possession or requested by the provider for

47 the purposes of diagnosis, treatment or prognosis of such patient. In
48 addition, upon the request of a patient or a provider who orders medical
49 tests on behalf of a patient, a clinical laboratory shall provide medical
50 test results relating to the patient to (A) the patient, or (B) any other
51 provider who is treating the patient for the purposes of diagnosis,
52 treatment or prognosis of such patient.

53 (c) A provider, who requests that his or her patient submit to repeated
54 medical testing at regular intervals, over a specified period of time, for
55 purposes of ascertaining a diagnosis, prognosis or recommended course
56 of treatment for such patient, may issue a single authorization that
57 allows the entity that conducts such medical testing, including, but not
58 limited to, a clinical laboratory, to directly communicate the results of
59 such testing to the patient for the period of time that such testing is
60 requested by the provider.

61 (d) (1) Upon a written request of a patient, a patient's attorney or
62 authorized representative, or pursuant to a written authorization, a
63 provider, or entity acting on behalf of a provider, except as provided in
64 section 4-194, shall furnish to the person making such request a copy of
65 the patient's health record, including but not limited to, bills, x-rays and
66 copies of laboratory reports, contact lens specifications based on
67 examinations and final contact lens fittings given within the preceding
68 three months or such longer period of time as determined by the
69 provider but no longer than six months, records of prescriptions and
70 other technical information used in assessing the patient's health
71 condition. The written request shall specify if a paper or electronic copy
72 of the record is preferred, and if an electronic copy is preferred and is
73 able to be produced, then the provider, or entity acting on behalf of the
74 provider, shall furnish the electronic copy of the requested record. (2)
75 No provider, or entity acting on behalf of the provider, shall refuse to
76 return to a patient original records or copies of records that the patient
77 has brought to the provider from another provider. When returning
78 records to a patient, a provider may retain copies of such records for the
79 provider's file, provided such provider does not charge the patient for
80 the costs incurred in copying such records. No provider, or entity acting

81 on behalf of the provider, shall charge more than [sixty-five cents per
82 page, including] the following for a paper copy of a health record: (A)
83 Seventy-five cents per page for pages one to twenty-five, (B) fifty cents
84 per page for pages twenty-six to fifty, (C) twenty-five cents per page for
85 pages fifty-one to ninety-nine, and (D) ten cents per page for page one
86 hundred and each succeeding page thereafter. The fees prescribed in
87 this subdivision shall include any [research fees, handling] clerical fees
88 or related costs, and the cost of first class postage, if applicable, for
89 furnishing a health record pursuant to this subsection, except such
90 provider, or entity acting on behalf of the provider, may charge a patient
91 the amount necessary to cover the cost of materials for furnishing a copy
92 of an x-ray, provided no such charge shall be made for furnishing a
93 health record or part thereof to a patient, a patient's attorney or
94 authorized representative if the record or part thereof is necessary for
95 the purpose of supporting a claim or appeal under any provision of the
96 Social Security Act or a claim or appeal for veterans' benefits under any
97 provision of Title 38 of the United States Code or chapter 506 and the
98 request is accompanied by documentation of the claim or appeal. If an
99 electronic copy of a health record is requested and furnished, the
100 provider, or an entity acting on behalf of the provider, shall charge the
101 requestor not more than thirty-five cents per page with a maximum fee
102 of two hundred fifty dollars per record for such electronic copy. No
103 provider, or entity acting on behalf of a provider, shall charge a research
104 fee or handling fee for a paper or electronic health record unless the
105 patient, the patient's attorney or authorized representative requests that
106 the provider, or an entity acting on behalf of the provider, make
107 redactions to the requested health record. If a research fee or handling
108 fee is charged, such fee shall not exceed fifty dollars. If a patient, a
109 patient's attorney or authorized representative requests that the
110 provider, or an entity acting on behalf of a provider, furnish a health
111 record not later than seventy-two hours following the receipt of such
112 request, the provider, or entity acting on behalf of the provider, may
113 charge not more than an additional fee of fifty dollars to expedite the
114 furnishing of the health record. On and after January 1, 2025, the
115 Commissioner of Public Health shall publish on the department's

116 Internet web site, the fees prescribed for the furnishing of paper or
117 electronic copies of a health record pursuant to this subdivision. On
118 January 1, 2026, and each January first thereafter, the Commissioner of
119 Public Health shall adjust the fees prescribed in this subdivision for the
120 furnishing of paper or electronic copies of a health record, based upon
121 the consumer price index calculator published by the United States
122 Bureau of Labor and Statistics. (3) A provider, or an entity acting on
123 behalf of a provider, shall furnish a health record requested pursuant to
124 this section [within] not later than thirty days after the date of receipt of
125 the request. If such provider, or an entity acting on behalf of a provider,
126 fails to furnish the health record requested to the requestor not later than
127 thirty days after the date of receipt of request, the fee charged to furnish
128 such health record shall be reduced by fifty per cent. If such provider,
129 or an entity acting on behalf of a provider, fails to furnish the health
130 record requested to the requestor not later than sixty days after the date
131 of receipt of the request, the fee charged to furnish such health record
132 shall be reduced by seventy-five per cent. If such provider, or an entity
133 acting on behalf of a provider, fails to furnish the health record
134 requested to the requestor not later than ninety days after the date of
135 receipt of the request, the fee charged to furnish such health record shall
136 be reduced by ninety per cent. Nothing in this subsection shall be
137 construed to require a provider, or an entity acting on behalf of a
138 provider, to furnish a requested health record until such time as a
139 medical authorization form that is compliant with the provisions of the
140 Health Insurance Portability and Accountability Act of 1996, P.L. 104-
141 191, as amended from time to time, has been submitted to the provider,
142 or an entity acting on behalf of a provider. (4) No health care provider,
143 [who] or entity acting on behalf of the provider, that has purchased or
144 assumed the practice of a provider who is retiring or deceased, may
145 refuse to return original records or copied records to a patient who
146 decides not to seek care from the successor provider. When returning
147 records to a patient who has decided not to seek care from a successor
148 provider, such provider may not charge a patient for costs incurred in
149 copying the records of the retired or deceased provider.

150 (e) If a provider reasonably determines that the information is

151 detrimental to the physical or mental health of the patient, or is likely to
152 cause the patient to harm himself, herself or another, the provider may
153 withhold the information from the patient. The information may be
154 supplied to an appropriate third party or to another provider who may
155 release the information to the patient. If disclosure of information is
156 refused by a provider under this subsection, any person aggrieved
157 [thereby] by such disclosure may, [within] not later than thirty days
158 after the date of such refusal, petition the superior court for the judicial
159 district in which such person resides for an order requiring the provider
160 to disclose the information. Such a proceeding shall be privileged with
161 respect to assignment for trial. The court, after hearing and an in camera
162 review of the information in question, shall issue the order requested
163 unless it determines that such disclosure would be detrimental to the
164 physical or mental health of the person or is likely to cause the person
165 to harm himself, herself or another.

166 (f) The provisions of this section shall not apply to any information
167 relative to any psychiatric or psychological problems or conditions.

168 (g) In the event that a provider abandons his or her practice, the
169 Commissioner of Public Health may appoint a licensed health care
170 provider to be the keeper of the records, who shall be responsible for
171 disbursing the original records to the provider's patients, upon the
172 request of any such patient.

173 (h) The Commissioner of Public Health shall adopt regulations, in
174 accordance with the provisions of chapter 54, to carry out the provisions
175 of this section.

176 Sec. 3. Section 19a-490b of the general statutes is repealed and the
177 following is substituted in lieu thereof (*Effective October 1, 2024*):

178 (a) Upon the written request of a patient or the patient's attorney or
179 authorized representative, or pursuant to a written authorization, an
180 institution licensed pursuant to this chapter, or an entity acting on
181 behalf of such institution, shall furnish to the person making such
182 request a copy of the patient's health record, including but not limited

183 to, copies of bills, laboratory reports, prescriptions and other technical
184 information used in assessing the patient's health condition. The written
185 request shall specify if a paper or electronic copy of the record is
186 preferred, and if an electronic copy is preferred and is able to be
187 produced, the institution or an entity acting on behalf of the institution
188 shall furnish the electronic copy of the requested record. In addition, an
189 institution shall provide the patient or the patient's designated health
190 care provider with a reasonable opportunity to examine retained tissue
191 slides and retained pathology tissue blocks. Upon the written request of
192 the patient, the patient's attorney or the patient's designated health care
193 provider, an institution shall send the original retained tissue slide or
194 original retained tissue block directly to the patient's designated
195 licensed institution, laboratory or physician. If the original slide or block
196 is not available or if a new section cut of the original slide or block is a
197 fair representation of the original slide or block, then the institution may
198 send the new section cut, [which] that is clearly labeled as a new section
199 cut, to the patient's designated health care provider. Any patient or the
200 patient's attorney or authorized representative who is provided with an
201 original retained slide, tissue block or a new section under the
202 provisions of this subsection shall be solely responsible for safeguarding
203 and returning the slide, block or new section to the institution. Any
204 institution or laboratory that has released an original slide, an original
205 tissue block or new section pursuant to the provisions of this subsection
206 shall not be subject to any liability arising out of releasing or not
207 retaining the slide, block or new section and no cause of action for
208 damages shall arise against any such institution for releasing or not
209 retaining the slide, block or new section. No such institution, or an entity
210 acting on behalf of such institution, shall charge more than [sixty-five
211 cents per page, including] the following for a paper copy of a health
212 record: (1) Seventy-five cents per page for pages one to twenty-five, (2)
213 fifty cents per page for pages twenty-six to fifty, (3) twenty-five cents
214 per page for pages fifty-one to ninety-nine, and (4) ten cents per page
215 for page one hundred and each succeeding page thereafter. The fees
216 prescribed in this subsection shall include any [research fees,] clerical
217 fees, [handling fees] or related costs, and the cost of first class postage,

218 if applicable, for furnishing or providing access to a health record
219 pursuant to this subsection, except such an institution, or entity acting
220 on behalf of the institution, may charge the amount necessary to cover
221 its cost of materials for furnishing a copy of an x-ray or for furnishing
222 an original retained slide, an original tissue block or a new section cut
223 from a retained pathology tissue block. If an electronic copy of the health
224 record is requested and furnished, the institution, or an entity acting on
225 behalf of the institution, shall charge the requestor not more than thirty-
226 five cents per page with a maximum fee of two hundred fifty dollars per
227 record for such electronic copy. No institution, or entity acting on behalf
228 of an institution, shall charge a research fee or handling fee for a paper
229 or electronic health record unless the patient, the patient's attorney or
230 authorized representative, requests that the institution, or an entity
231 acting on behalf of the institution, make redactions to the requested
232 health record. If a research fee or handling fee is charged, such fee shall
233 not exceed fifty dollars. If a patient, a patient's attorney or authorized
234 representative requests that the institution, or an entity acting on behalf
235 of an institution, furnish a health record not later than seventy-two
236 hours following the receipt of such request, the institution, or entity
237 acting on behalf of the institution, may charge not more than an
238 additional fee of fifty dollars to expedite the furnishing of the health
239 record. On and after January 1, 2025, the Commissioner of Public Health
240 shall publish on the department's Internet web site, the fees prescribed
241 for the furnishing of paper or electronic copies of a health record
242 pursuant to this subsection. On January 1, 2026, and each January first
243 thereafter, the Commissioner of Public Health shall adjust the fees
244 prescribed in this subsection for the furnishing of paper or electronic
245 copies of a health record, based upon the consumer price index
246 calculator published by the United States Bureau of Labor and Statistics.
247 For purposes of this subsection, "health care provider" means an
248 institution or laboratory licensed under this chapter or licensed in the
249 state where located, a physician licensed under chapter 370 or licensed
250 in the state where located or an advanced practice registered nurse
251 licensed under chapter 378 or licensed in the state where located.

252 (b) No institution licensed pursuant to this chapter shall charge for

253 furnishing a health record or part thereof to a patient, his attorney or
254 conservator if the record or part thereof is necessary for the purpose of
255 supporting a claim or appeal under any provision of the Social Security
256 Act or a claim or appeal for veterans' benefits under any provision of
257 Title 38 of the United States Code or chapter 506 and the request for the
258 records is accompanied by documentation of the claim or appeal. An
259 institution shall furnish the requested record [within] not later than
260 thirty days [of] after the date of receipt of the request, unless the request
261 was received in less than thirty days subsequent to the date the patient
262 was discharged, in which case the institution shall furnish the requested
263 record upon its completion. If such institution, or an entity acting on
264 behalf of an institution, fails to furnish the health record requested to
265 the requestor not later than thirty days after the date of receipt of the
266 request, the fee charged to furnish such health record shall be reduced
267 by fifty per cent. If such institution, or an entity acting on behalf of an
268 institution, fails to furnish the health record requested to the requestor
269 not later than sixty days after the date of receipt of the request, the fee
270 charged to furnish such health record shall be reduced by seventy-five
271 per cent. If such institution, or an entity acting on behalf of an
272 institution, fails to furnish the health record requested to the requestor
273 not later than ninety days after the date of receipt of the request, the fee
274 charged to furnish such health record shall be reduced by ninety per
275 cent. Nothing in this subsection shall be construed to require an
276 institution, or an entity acting on behalf of an institution, to furnish a
277 requested health record until such time as a medical authorization form
278 that is compliant with the provisions of the Health Insurance Portability
279 and Accountability Act of 1996, P.L. 104-191, as amended from time to
280 time, has been submitted to the institution, or an entity acting on behalf
281 of an institution.

282 (c) Each institution licensed pursuant to this chapter shall maintain
283 information regarding each patient's status as a veteran, as defined in
284 subsection (a) of section 27-103. Said information shall be made
285 available, upon request, to any duly authorized representative of the
286 Department of Veterans Affairs.

287 (d) No institution may deny a person the records available under
 288 subsection (a) of this section because of the person's inability to pay the
 289 required fees. An affidavit from such person attesting to an inability to
 290 pay such fees shall be presumptive evidence thereof.

291 (e) Each institution licensed pursuant to this chapter that ceases to
 292 operate shall, at the time it relinquishes its license to the department,
 293 provide to the department a certified document specifying: (1) The
 294 location at which patient health records will be stored; (2) the procedure
 295 that has been established for patients, former patients or their
 296 authorized representatives to secure access to such health records; (3)
 297 provisions for storage, should the storage location cease to operate or
 298 change ownership; and (4) that the department is authorized to enforce
 299 the certified document should the storage location cease to operate or
 300 change ownership. An institution that fails to comply with the terms of
 301 a certified document provided to the department in accordance with
 302 this subsection shall be assessed a civil penalty not to exceed one
 303 hundred dollars per day for each day of noncompliance with the terms
 304 of the certified agreement.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2024	31-294f
Sec. 2	October 1, 2024	20-7c
Sec. 3	October 1, 2024	19a-490b

Statement of Legislative Commissioners:

Provisions in Sections 1(c), 2(d)(2), 2(e) and 3(a) were redrafted for clarity and consistency with standard drafting conventions.

JUD Joint Favorable Subst. -LCO

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 makes various changes to deadlines, fees, and penalties related to patient health records requests, results in no fiscal impact to the state.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sHB 5411*****AN ACT CONCERNING REQUESTS FOR HEALTH RECORDS AND THE FEES CHARGED FOR ACCESS TO SUCH RECORDS.*****SUMMARY**

This bill makes various changes to deadlines, fees, and penalties related to patient health records requests. Principally, it:

1. authorizes workers' compensation administrative law judges to penalize physicians, or third-party vendors acting on their behalf, who fail to submit medical reports for workers' compensation cases within 30 days after they are completed;
2. allows an entity acting on a health care provider's or institution's behalf to fulfill a patient's written health records request instead of the provider or institution;
3. requires providers, institutions, and entities representing them to give patients (or their attorneys or authorized representatives) copies of requested health records electronically, if the requestors prefer it and they can be produced;
4. replaces current law's patient health records fee of 65 cents per page with fees that vary based on the record's format (i.e., paper or electronic) and number of pages;
5. prohibits providers, institutions, and entities representing them from charging research or handling fees for paper or electronic health records but allows them to charge an additional fee of up to \$50 for requests to (a) make redactions to the records or (b) provide them within 72 hours;

6. requires the Department of Public Health (DPH) commissioner, starting January 1, 2025, to publish patient health records fees on the DPH website and, starting January 1, 2026, annually adjust the fees based on changes to the national consumer price index; and
7. requires providers, institutions, and entities that represent them that fail to supply patient health records within 30 days after receiving a request to reduce the fees that they charge.

The bill also makes technical and conforming changes.

EFFECTIVE DATE: October 1, 2024

§ 1 — WORKERS' COMPENSATION MEDICAL REPORTS

The bill authorizes workers' compensation administrative law judges to penalize practicing physicians, or third-party vendors acting on their behalf, who fail to submit medical reports for workers' compensation cases within 30 days after they are completed as required under existing law. Under the bill, penalties must include the following:

1. a written noncompliance notice to the physician or third-party vendor;
2. an order requiring the physician or third-party vendor to appear at a hearing and explain the reasons for not meeting the report deadline; and
3. a fine of up to \$500 payable to the workers' compensation claimant.

Existing law requires workers' compensation claimants, when seeking or receiving compensation, to submit to a physician evaluation when an administrative law judge orders it, or an employer reasonably requests it. Physicians must submit all medical reports for these claimants within 30 days after the date they are completed to the employer and the employee (claimant), or the employee's attorney.

§§ 2 & 3 — ACCESS TO PATIENT HEALTH RECORDS**Records Requests**

By law, patients (or their attorneys or authorized representatives) can generally obtain copies of their health records by asking a provider or health care institution (e.g., hospital, outpatient clinic, or long-term care facility) in writing. The bill requires providers and institutions to give the health records to the requestor within 30 days after they receive the request, instead of 30 days after it is made, as under current law. Existing law, unchanged by the bill, requires institutions, if the request was received less than 30 days from the patient's discharge, to provide the record when it is completed.

The bill also allows entities acting on a provider's or institution's behalf (hereafter "entity") to supply the health records instead of the provider or institution.

Additionally, the bill requires the written request to specify if the requestor prefers a paper or electronic copy of the health record. If an electronic copy is preferred and can be produced, it requires the provider, institution, or entity to give the requestor the electronic copy.

Under current law and the bill, a provider, institution, or entity cannot refuse to return to a patient original or copied health records from another provider.

The bill specifies that it does not require a provider, institution, or entity to supply a requested health record until they receive a HIPAA-compliant medical authorization form (presumably from the patient, or patient's attorney or authorized representative).

By law, health records include bills, x-rays, copies of lab report results, prescriptions, contact lens specifications under certain conditions, and other technical information used to assess the patient's health condition.

Fees

Current law allows a health care provider or institution to 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 establishes fees based on the format in which the health record is provided as described below.

Under the bill, these fees cover clerical fees, related costs, and first-class postage to supply the record. As under current law, patients may also be charged an additional amount necessary to cover the cost of material for (1) providing a copy of an x-ray or (2) furnishing an original retained slide or tissue block or a new section cut from a retained tissue block.

Existing law, unchanged by the bill, prohibits providers and institutions from charging fees for health records requests that are necessary for a documented claim or appeal for Social Security or veterans' benefits.

Paper Copies. For paper copies, the bill authorizes providers, institutions, or entities to charge up to the following amounts:

1. 75 cents per page for the first 25 pages,
2. 50 cents per page for pages 26 through 50,
3. 25 cents per page for pages 51 through 99, and
4. 10 cents per page for pages 100 and beyond.

Electronic Copies. For electronic health records requests, the bill allows providers, institutions, or entities to charge up to 35 cents per page up to \$250 per health record.

Reduction in Fees for Late Delivery. Under the bill, providers, institutions, or entities that fail to supply health records within 30 days after they receive the request must reduce the fees they charge as follows:

1. by 50%, if they fail to provide the records within 30 days after they receive the request;

2. by 75%, if they fail to do so within 60 days after they receive the request; and
3. by 90%, if they fail to do so within 90 days after they receive the request.

COMMITTEE ACTION

Judiciary Committee

Joint Favorable

Yea 35 Nay 0 (04/01/2024)