Senate

General Assembly

File No. 711

January Session, 2025

Substitute Senate Bill No. 1508

Senate, April 16, 2025

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 MEDICAL RECORDS.

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

Section 1. Subsection (a) of section 19a-490b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective January 1, 2026*):

(a) (1) Upon the written request of a patient, the patient's personal representative or the patient's attorney, **[**or authorized representative,**]** or pursuant to a written authorization, an institution licensed pursuant to this chapter shall furnish to the person making such request a copy of the patient's health record, including but not limited to, copies of bills, laboratory reports, prescriptions and other technical information used in assessing the patient's health condition. In addition, an institution shall provide the patient or the patient's designated health care provider with a reasonable opportunity to examine retained tissue slides and retained pathology tissue blocks. Upon the written request of the patient, the patient's attorney or the patient's designated health care provider, an institution shall send the original retained tissue slide or

original retained tissue block directly to the patient's designated licensed institution, laboratory or physician. If the original slide or block is not available or if a new section cut of the original slide or block is a fair representation of the original slide or block, then the institution may send the new section cut, which is clearly labeled as a new section cut, to the patient's designated health care provider. Any patient, patient's personal representative or the patient's attorney **[**or authorized representative**]** who is provided with an original retained slide, tissue block or a new section under the provisions of this subsection shall be solely responsible for safeguarding and returning the slide, block or new section to the institution. Any institution or laboratory that has released an original slide, an original tissue block or new section pursuant to the provisions of this subsection shall not be subject to any liability arising out of releasing or not retaining the slide, block or new section and no cause of action for damages shall arise against any such institution for releasing or not retaining the slide, block or new section. **[**No such institution shall charge more than sixty-five cents per page, including any research fees, clerical fees, handling fees or related costs, and the cost of first class postage, if applicable, for furnishing or providing access to a health record pursuant to this subsection, except such an institution may charge the amount necessary to cover its cost of materials for furnishing a copy of an x-ray or for furnishing an original retained slide, an original tissue block or a new section cut from a retained pathology tissue block.**]** For purposes of this subsection, "health care provider" means an institution or laboratory licensed under this chapter or licensed in the state where located, a physician licensed under chapter 370 or licensed in the state where located, a physician assistant licensed under chapter 370 or licensed in the state where located or an advanced practice registered nurse licensed under chapter 378 or licensed in the state where located, "medical imaging" means technologies that are used to view the human body to diagnose, monitor or treat medical conditions and "patient's personal representative" means a personal representative as described in 45 CFR 164.502(g).

(2) An institution may charge fees for copies, medical imaging, materials, slides or blocks that are furnished pursuant to subdivision (1)

of this subsection as follows:

(A) If the written request is made directly by and furnished directly to the patient or patient's personal representative, an institution shall not charge more than the maximum allowable fee pursuant to 45 CFR 164.524(c)(4). Permitted fees shall include any amount necessary to cover the cost of materials for furnishing a copy of an x-ray, an original retained slide, an original tissue block or a new section cut from a retained pathology tissue block.

(B) If the written request is made by or furnished directly to someone other than the patient or the patient's personal representative, the institution shall not charge more than the following fees:

(i) For paper and electronic copies: A ten-dollar search and retrieval fee; plus five dollars for pages one to ten, inclusive; plus twenty dollars for pages eleven to twenty-five, inclusive; plus forty dollars for pages twenty-six to fifty, inclusive; plus two dollars and twenty-five cents per page for pages fifty-one and above; plus the actual cost of postage, if required;

(ii) For medical imaging, including, but not limited to, x-ray, magnetic resonance, computed tomography, fluoroscopy and mammography imaging: A fifty-dollar search and retrieval fee; plus twenty-five dollars per image; plus the actual cost of postage, if required;

(iii) For furnishing an original retained slide, an original tissue block or a new section cut from a retained pathology tissue block: Any amount necessary to cover the cost of the materials for furnishing such slide, block or cut; and

(iv) Not more than one thousand five hundred dollars in total fees for copies, medical imaging, materials, slides or blocks that are furnished pursuant to a single written request from someone other than the patient or the patient's personal representative.

(C) (i) An institution that receives a written request by someone other

than the patient or the patient's personal representative may require prepayment of the fees described in subparagraph (B) of this subdivision before furnishing any copies, medical imaging, materials, slides or blocks pursuant to such request.

(ii) On January 1, 2026, and annually thereafter, the fees prescribed in subparagraph (B) of this subdivision shall be adjusted based upon the consumer price index for all urban consumers as determined by the United States Department of Labor, Bureau of Labor Statistics. The Commissioner of Public Health shall annually post the adjusted rates on the department's Internet web site.

Sec. 2. Subsections (a) to (d), inclusive, of section 20-7c of the general statutes are repealed and the following is substituted in lieu thereof (*Effective January 1, 2026*):

(a) **[**For purposes of this section, "clinical laboratory"**]** As used in this section:

(1) "Clinical laboratory" has the same meaning as provided in section 19a-490. "Clinical laboratory" does not include any state laboratory established by the Department of Public Health pursuant to section 19a-26 or 19a-29;

(2) "Medical imaging" means technologies that are used to view the human body to diagnose, monitor or treat medical conditions; and

(3) "Patient's personal representative" means a personal representative as described in 45 CFR 164.502(g).

(b) Except as provided for in subsection (e) of this section, a provider shall (1) supply to a patient upon request complete and current information possessed by that provider concerning any diagnosis, treatment and prognosis of the patient, and (2) notify a patient of any test results in the provider's possession or requested by the provider for the purposes of diagnosis, treatment or prognosis of such patient. In addition, upon the request of a patient or a provider who orders medical tests on behalf of a patient, a clinical laboratory shall provide medical

test results relating to the patient to (A) the patient, or (B) any other provider who is treating the patient for the purposes of diagnosis, treatment or prognosis of such patient.

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

(d) (1) Upon a written request of a patient, **[**a**]** the patient's personal representative or the patient's attorney **[**or authorized representative,**]** or pursuant to a written authorization, a provider, except as provided in section 4-194, shall furnish to the person making such request a copy of the patient's health record, including but not limited to, bills, x-rays and copies of laboratory reports, contact lens specifications based on examinations and final contact lens fittings given within the preceding three months or such longer period of time as determined by the provider but no longer than six months, records of prescriptions and other technical information used in assessing the patient's health condition. No provider shall refuse to return to a patient original records or copies of records that the patient has brought to the provider from another provider. When returning records to a patient, a provider may retain copies of such records for the provider's file, provided such provider does not charge the patient for the costs incurred in copying such records. **[**No provider shall charge more than sixty-five cents per page, including any research fees, handling fees or related costs, and the cost of first class postage, if applicable, for furnishing a health record pursuant to this subsection, except such provider may charge a patient the amount necessary to cover the cost of materials for furnishing a copy of an x-ray, provided no such charge shall be made for furnishing a health record or part thereof to a patient, a patient's attorney or authorized representative if the record or part thereof is necessary for

the purpose of supporting a claim or appeal under any provision of the Social Security Act or a claim or appeal for veterans' benefits under any provision of Title 38 of the United States Code or chapter 506 and the request is accompanied by documentation of the claim or appeal.**]** A provider shall furnish a health record requested pursuant to this section within thirty days of the request. No health care provider, who has purchased or assumed the practice of a provider who is retiring or deceased, may refuse to return original records or copied records to a patient who decides not to seek care from the successor provider. When returning records to a patient who has decided not to seek care from a successor provider, such provider may not charge a patient for costs incurred in copying the records of the retired or deceased provider.

(2) A provider may charge fees for copies, medical imaging or materials that are furnished pursuant to subdivision (1) of this subsection as follows:

(A) If the written request is made directly by and furnished directly to the patient or patient's personal representative, a provider shall not charge more than the maximum allowable fee pursuant to 45 CFR 164.524(c)(4). Permitted fees shall include any amount necessary to cover the cost of materials for furnishing a copy of an x-ray.

(B) If the written request is made by or furnished directly to someone other than the patient or the patient's personal representative, the provider shall not charge more than the following fees:

(i) For paper and electronic copies: A ten-dollar search and retrieval fee; plus five dollars for pages one to ten, inclusive; plus twenty dollars for pages eleven to twenty-five, inclusive; plus forty dollars for pages twenty-six to fifty, inclusive; plus two dollars and twenty-five cents per page for pages fifty-one and above; plus the actual cost of postage, if required;

(ii) For medical imaging, including, but not limited to, x-ray, magnetic resonance, computed tomography, fluoroscopy and mammography imaging: A fifty-dollar search and retrieval fee; plus

twenty-five dollars per image; plus the actual cost of postage, if required; and

(iii) Not more than one thousand five hundred dollars in total fees for copies, medical imaging or materials that are furnished pursuant to a single written request from someone other than the patient or the patient's personal representative.

(C) (i) A provider that receives a written request by someone other than the patient or the patient's personal representative may require prepayment of the fees described in subparagraph (B) of this subdivision before furnishing any copies, medical imaging or materials pursuant to such request.

(ii) On January 1, 2026, and annually thereafter, the fees prescribed in subparagraph (B) of this subdivision shall be adjusted based upon the consumer price index for all urban consumers as determined by the United States Department of Labor, Bureau of Labor Statistics. The Commissioner of Public Health shall annually post the adjusted rates on the department's Internet web site.

(D) No provider shall charge a fee for furnishing a health record or part thereof to a patient, the patient's personal representative or the patient's attorney if the record or part thereof is necessary for the purpose of supporting a claim or appeal under any provision of the Social Security Act or a claim or appeal for veterans' benefits under any provision of Title 38 of the United States Code or chapter 506 and the request is accompanied by documentation of the claim or appeal.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*January 1, 2026*	19a-490b(a)
Sec. 2	*January 1, 2026*	20-7c(a) to (d)

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:

Agency Affected	Fund-Effect	FY 26 $	FY 27 $
UConn Health Ctr.	GF - Revenue Gain	At least 600,000	At least 600,000

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a revenue gain of at least $600,000 annually beginning in FY 26 to the UConn Health Center (UCHC). It increases certain fees that hospitals are allowed to charge for providing copies of medical records, particularly for those requested by third parties (i.e., not a patient or the patient's representative).

UCHC currently charges $0.65 per page plus postage for records requested by third parties, resulting in revenue of $600,000 annually. By increasing fees for these types of records, the bill at least doubles the amount of revenue UCHC is estimated to receive from these fees.

The bill makes changes to other types of medical record fees that have no fiscal impact to UCHC.

The bill has no fiscal impact to the Department of Public Health. The agency has the capacity to update the fees in accordance with the bill's provisions and post them on the department's Internet website within existing resources.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to: (1) inflation in the bill's fee levels, as inflation will be incorporated annually into the fees under the bill, and (2) the number of various medical records requests from third parties.

OLR Bill Analysis

sSB 1508

AN ACT CONCERNING MEDICAL RECORDS.

SUMMARY

This bill makes various changes to the fees charged for patient health records. Principally, it:

1. replaces current law's fee of 65 cents per page with fees that vary based on who requests the records, the types of records, and the number of pages;

2. requires the fees, starting January 1, 2026, to be annually adjusted for inflation based on changes to the consumer price index for urban consumers, and the Department of Public Health to annually post the adjusted fees on its website;

3. updates terminology by replacing patients' "authorized representatives" with "personal representatives" for purposes of health records requests to align with federal regulations; and

4. adds physician assistants to the statutory definition of "provider" for purposes of patient records requests made to health care institutions.

The bill also makes technical changes.

EFFECTIVE DATE: January 1, 2026

RECORDS REQUESTS

Under current law, patients (or their attorneys or authorized representatives) can generally get copies of their health records by asking a provider or health care institution (e.g., hospital, outpatient clinic, or long-term care facility) for them in writing. The bill replaces

the term "authorized representative" with "personal representative" to align with federal regulations. (Under federal regulations, someone is a "personal representative" if they can legally act on a person's behalf in making health care decisions.)

RECORDS 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. 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. The bill instead establishes fees based on who makes the request, the types of records, and the number of pages as described below.

Existing law requires providers and institutions to give the health records to the requestor within 30 days after the request is made. For institutions, if the request was received less than 30 days from the patient's discharge, they must provide the record when it is completed.

Requests by Patients or Their Personal Representatives

If a written records request is made directly by the patient or patient's personal representative, the bill allows the provider or institution to charge no more than the fees allowed under federal law. (Federal law allows charging reasonable, cost-based fees that include only the cost of related labor, supplies, and postage.)

Under the bill, the fees charged must cover the provider's or institution's cost of providing copies of medical records and medical imaging materials (e.g., x-ray, MRI, CT, fluoroscopy, and mammography imaging), as well as the institution's cost of furnishing tissue blocks and slides.

Requests by Other Parties

For requests made by someone other than the patient or patient's personal representative, providers and institutions may charge up to the following amounts:

1. for paper and electronic copies, a $10 search and retrieval fee, plus $5 for the first 10 pages, $20 for pages 11 to 25, $40 for pages 26 to 50, an additional $2.25 per page for pages 51 and beyond, and the actual cost of any required postage;

2. for medical imaging, a $50 search and retrieval fee, $25 per image, and the actual cost of any required postage;

3. for furnishing tissue blocks and slides, the amount needed to cover the cost of the materials; and

4. up to $1,500 in total fees for copies, medical imaging, materials, slides, or blocks given in response to a single written request.

The bill also allows providers and institutions to require prepayment of these fees before providing the records.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 26 Nay 6 (03/28/2025)