



General Assembly

Amendment

February Session, 2024

LCO No. 6024



Offered by:
SEN. GORDON, 35th Dist.

To: Subst. House Bill No. 5411 File No. 514 Cal. No. 447

(As Amended)

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

1 Strike sections 2 and 3 in their entirety and substitute the following
2 in lieu thereof:

3 "Sec. 2. Section 19a-490b of the general statutes is repealed and the
4 following is substituted in lieu thereof (*Effective October 1, 2024*):

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

14 Upon the written request of the patient, the patient's attorney or the
15 patient's designated health care provider, an institution shall send the
16 original retained tissue slide or original retained tissue block directly to
17 the patient's designated licensed institution, laboratory or physician. If
18 the original slide or block is not available or if a new section cut of the
19 original slide or block is a fair representation of the original slide or
20 block, then the institution may send the new section cut, which is clearly
21 labeled as a new section cut, to the patient's designated health care
22 provider. Any patient or the patient's attorney or authorized
23 representative who is provided with an original retained slide, tissue
24 block or a new section under the provisions of this subsection shall be
25 solely responsible for safeguarding and returning the slide, block or new
26 section to the institution. Any institution or laboratory that has released
27 an original slide, an original tissue block or new section pursuant to the
28 provisions of this subsection shall not be subject to any liability arising
29 out of releasing or not retaining the slide, block or new section and no
30 cause of action for damages shall arise against any such institution for
31 releasing or not retaining the slide, block or new section. [No such
32 institution shall charge more than sixty-five cents per page, including
33 any research fees, clerical fees, handling fees or related costs, and the
34 cost of first class postage, if applicable, for furnishing or providing
35 access to a health record pursuant to this subsection, except such an
36 institution may charge the amount necessary to cover its cost of
37 materials for furnishing a copy of an x-ray or for furnishing an original
38 retained slide, an original tissue block or a new section cut from a
39 retained pathology tissue block.] For purposes of this subsection, "health
40 care provider" means an institution or laboratory licensed under this
41 chapter or licensed in the state where located, a physician licensed
42 under chapter 370 or licensed in the state where located, a physician
43 assistant licensed under chapter 370 or licensed in the state where
44 located or an advanced practice registered nurse licensed under chapter
45 378 or licensed in the state where located.

46 (2) An institution may charge fees for copies, materials, slides or
47 blocks that are furnished pursuant to subdivision (1) of this subsection

48 as follows:

49 (A) If the written request is made directly by the patient or patient's
50 authorized representative, the maximum fees an institution may charge
51 shall be the same as allowed by federal law 45 CFR 164.524(c)(4).
52 Permitted fees shall include any amount necessary to cover the cost of
53 materials for furnishing a copy of an x-ray or for furnishing an original
54 retained slide, an original tissue block or a new section cut from a
55 retained pathology tissue block.

56 (B) If the written request came from someone other than the patient
57 or the patient's authorized representative, the maximum fees an
58 institution may charge shall be:

59 (i) For paper copies: One dollar per page for pages one to fifty,
60 inclusive; plus fifty cents per page for pages fifty-one and above; plus
61 the actual cost of postage;

62 (ii) For electronic copies: One dollar per page for pages one to fifty,
63 inclusive; plus fifty cents per page for pages fifty-one and above, but in
64 no event more than two hundred fifteen dollars; plus the actual cost of
65 postage, if required;

66 (iii) On January 1, 2026, and annually thereafter, the Department of
67 Public Health shall adjust the per page fees prescribed in this
68 subparagraph based upon the consumer price index for all urban
69 consumers as determined by the United States Department of Labor,
70 Bureau of Labor Statistics. The Department of Public Health shall
71 annually publish the adjusted rates on the department's Internet web
72 site.

73 (b) No institution licensed pursuant to this chapter shall charge for
74 furnishing a health record or part thereof to a patient, his attorney or
75 conservator if the record or part thereof is necessary for the purpose of
76 supporting a workers' compensation claim under chapter 568, a claim
77 or appeal under any provision of the Social Security Act or a claim or
78 appeal for veterans' benefits under any provision of Title 38 of the

79 United States Code or chapter 506 and the request for the records is
80 accompanied by documentation of the claim or appeal. An institution
81 shall furnish the requested record within thirty days of the request,
82 unless the request was received in less than thirty days subsequent to
83 the date the patient was discharged, in which case the institution shall
84 furnish the requested record upon its completion. All requests for
85 records shall be complete and in a form provided by the provider, or an
86 entity acting on behalf of a provider, if such form has been provided to
87 the requestor. If such provider, or an entity acting on behalf of a
88 provider, fails to furnish the health record requested to the requestor not
89 later than thirty days after the date of receipt of request, the fee charged
90 to furnish such health record shall be reduced by fifty per cent. If such
91 provider, or an entity acting on behalf of a provider, fails to furnish the
92 health record requested to the requestor not later than sixty days after
93 the date of receipt of the request, the fee charged to furnish such health
94 record shall be reduced by seventy-five per cent. If such provider, or an
95 entity acting on behalf of a provider, fails to furnish the health record
96 requested to the requestor not later than ninety days after the date of
97 receipt of the request, the fee charged to furnish such health record shall
98 be reduced by ninety per cent. Subject to the provisions of subparagraph
99 (A) of subdivision (2) of subsection (a) of this section, nothing in this
100 subsection shall be construed to require a provider, or an entity acting
101 on behalf of a provider, to furnish a requested health record until such
102 time as a medical authorization form that is compliant with the
103 provisions of the Health Insurance Portability and Accountability Act of
104 1996, P.L. 104-191, as amended from time to time, has been submitted to
105 the provider, or an entity acting on behalf of a provider. No provider or
106 entity acting on behalf of a provider shall be penalized for any delay in
107 providing records if good cause is shown for the delay. If a patient, a
108 patient's attorney or authorized representative requests that the
109 provider, or an entity acting on behalf of a provider, furnish a health
110 record not later than fifteen days following the receipt of such request,
111 the provider, or entity acting on behalf of the provider, may charge not
112 more than an additional fee of one hundred dollars to expedite the
113 furnishing of the health record.

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

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

123 (e) Each institution licensed pursuant to this chapter that ceases to
124 operate shall, at the time it relinquishes its license to the department,
125 provide to the department a certified document specifying: (1) The
126 location at which patient health records will be stored; (2) the procedure
127 that has been established for patients, former patients or their
128 [authorized] appropriate representatives to secure access to such health
129 records; (3) provisions for storage, should the storage location cease to
130 operate or change ownership; and (4) that the department is authorized
131 to enforce the certified document should the storage location cease to
132 operate or change ownership. An institution that fails to comply with
133 the terms of a certified document provided to the department in
134 accordance with this subsection shall be assessed a civil penalty not to
135 exceed one hundred dollars per day for each day of noncompliance with
136 the terms of the certified agreement.

137 (f) The provisions of this section shall not be construed to (1) require
138 an institution to provide records in violation of the Health Insurance
139 Portability and Accountability Act of 1996, P.L. 104-191, as amended
140 from time to time, or to limit legally permitted disclosures, or (2) permit
141 an institution to charge fees for copies of a health record in excess of the
142 fees permitted under the Health Insurance Portability and
143 Accountability Act of 1996, P.L. 104-191, as amended from time to time.

144 Sec. 3. Section 20-7c of the general statutes is repealed and the
145 following is substituted in lieu thereof (*Effective October 1, 2024*):

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

150 (b) Except as provided for in subsection (e) of this section, a provider
151 shall (1) supply to a patient upon request complete and current
152 information possessed by that provider concerning any diagnosis,
153 treatment and prognosis of the patient, and (2) notify a patient of any
154 test results in the provider's possession or requested by the provider for
155 the purposes of diagnosis, treatment or prognosis of such patient. In
156 addition, upon the request of a patient or a provider who orders medical
157 tests on behalf of a patient, a clinical laboratory shall provide medical
158 test results relating to the patient to (A) the patient, or (B) any other
159 provider who is treating the patient for the purposes of diagnosis,
160 treatment or prognosis of such patient.

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

169 (d) Upon a written request of a patient, a patient's attorney or
170 authorized representative, or pursuant to a written authorization, a
171 provider, except as provided in section 4-194, shall furnish to the person
172 making such request a copy of the patient's health record, including but
173 not limited to, bills, x-rays and copies of laboratory reports, contact lens
174 specifications based on examinations and final contact lens fittings
175 given within the preceding three months or such longer period of time
176 as determined by the provider but no longer than six months, records of
177 prescriptions and other technical information used in assessing the
178 patient's health condition. No provider shall refuse to return to a patient

179 original records or copies of records that the patient has brought to the
180 provider from another provider. When returning records to a patient, a
181 provider may retain copies of such records for the provider's file,
182 provided such provider does not charge the patient for the costs
183 incurred in copying such records. [No provider shall charge more than
184 sixty-five cents per page, including any research fees, handling fees or
185 related costs, and the cost of first class postage, if applicable, for
186 furnishing a health record pursuant to this subsection, except such] A
187 provider may charge a patient the amount necessary to cover the cost of
188 materials for furnishing a copy of an x-ray, provided no such charge
189 shall be made for furnishing a health record in paper or electronic form
190 or part thereof to a patient, a patient's attorney or authorized
191 representative pursuant to a written authorization if the record or part
192 thereof is necessary for the purpose of supporting a workers'
193 compensation claim under chapter 568, a claim or appeal under any
194 provision of the Social Security Act or a claim or appeal for veterans'
195 benefits under any provision of Title 38 of the United States Code or
196 chapter 506 and the request is accompanied by documentation of the
197 claim or appeal. A provider shall furnish a health record requested of
198 the initial health care provider pursuant to this section within thirty
199 days of the request. All requests for records shall be complete and in a
200 form provided by the provider, or an entity acting on behalf of a
201 provider, if such form has been provided to the requestor. If such
202 provider, or an entity acting on behalf of a provider, fails to furnish the
203 health record requested to the requestor not later than thirty days after
204 the date of receipt of request, the fee charged to furnish such health
205 record shall be reduced by fifty per cent. If such provider, or an entity
206 acting on behalf of a provider, fails to furnish the health record
207 requested to the requestor not later than sixty days after the date of
208 receipt of the request, the fee charged to furnish such health record shall
209 be reduced by seventy-five per cent. If such provider, or an entity acting
210 on behalf of a provider, fails to furnish the health record requested to
211 the requestor not later than ninety days after the date of receipt of the
212 request, the fee charged to furnish such health record shall be reduced
213 by ninety per cent. Subject to the provisions this subsection, nothing in

214 this subsection shall be construed to require a provider, or an entity
215 acting on behalf of a provider, to furnish a requested health record until
216 such time as a medical authorization form that is compliant with the
217 provisions of the Health Insurance Portability and Accountability Act of
218 1996, P.L. 104-191, as amended from time to time, has been submitted to
219 the provider, or an entity acting on behalf of a provider. No provider or
220 entity acting on behalf of a provider shall be penalized for any delay in
221 providing records if good cause is shown for the delay. If a patient, a
222 patient's attorney or authorized representative requests that the
223 provider, or an entity acting on behalf of a provider, furnish a health
224 record not later than fifteen days following the receipt of such request,
225 the provider, or entity acting on behalf of the provider, may charge not
226 more than an additional fee of one hundred dollars to expedite the
227 furnishing of the health record. No health care provider, who has
228 purchased or assumed the practice of a provider who is retiring or
229 deceased, may refuse to return original records or copied records to a
230 patient who decides not to seek care from the successor provider. When
231 returning records to a patient who has decided not to seek care from a
232 successor provider, such provider may not charge a patient for costs
233 incurred in copying the records of the retired or deceased provider. A
234 provider may charge fees for a health record that is furnished pursuant
235 to this subsection as follows:

236 (1) If the written request is made directly by the patient or patient's
237 authorized representative, the maximum fees a provider may charge
238 shall be the same as allowed by federal law 45 CFR 164.524(c)(4).
239 Permitted fees shall include any amount necessary to cover the cost of
240 materials for furnishing a copy of a health record.

241 (2) If the written request came from someone other than the patient
242 or the patient's authorized representative, the maximum fees a provider
243 may charge shall be:

244 (A) For paper copies: One dollar per page for pages one to fifty,
245 inclusive; plus fifty cents per page for pages fifty-one and above; plus
246 the actual cost of postage;

247 (B) For electronic copies: One dollar per page for pages one to fifty,
248 inclusive; plus fifty cents per page for pages fifty-one and above, but in
249 no event more than two hundred fifteen dollars; plus the actual cost of
250 postage, if required;

251 (C) On January 1, 2026, and annually thereafter, the Department of
252 Public Health shall adjust the per page fees prescribed in this
253 subparagraph based upon the consumer price index for all urban
254 consumers as determined by the United States Department of Labor,
255 Bureau of Labor Statistics. The Department of Public Health shall
256 annually publish the adjusted rates on the department's Internet web
257 site.

258 (e) If a provider reasonably determines that the information is
259 detrimental to the physical or mental health of the patient, or is likely to
260 cause the patient to harm himself, herself or another, the provider may
261 withhold the information from the patient. The information may be
262 supplied to an appropriate third party or to another provider who may
263 release the information to the patient. If disclosure of information is
264 refused by a provider under this subsection, any person aggrieved
265 thereby may, within thirty days of such refusal, petition the superior
266 court for the judicial district in which such person resides for an order
267 requiring the provider to disclose the information. Such a proceeding
268 shall be privileged with respect to assignment for trial. The court, after
269 hearing and an in camera review of the information in question, shall
270 issue the order requested unless it determines that such disclosure
271 would be detrimental to the physical or mental health of the person or
272 is likely to cause the person to harm himself, herself or another.

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

275 (g) In the event that a provider abandons his or her practice, the
276 Commissioner of Public Health may appoint a licensed health care
277 provider to be the keeper of the records, who shall be responsible for
278 disbursing the original records to the provider's patients, upon the

279 request of any such patient.

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

283 (i) The provisions of this section shall not be construed to (1) require
284 a provider to provide records in violation of the Health Insurance
285 Portability and Accountability Act of 1996, P.L. 104-191, as amended
286 from time to time, or to limit legally permitted disclosures, or (2) permit
287 a provider to charge fees for copies of a health record in excess of the
288 fees permitted under the Health Insurance Portability and
289 Accountability Act of 1996, P.L. 104-191, as amended from time to time."