



General Assembly

**Amendment**

February Session, 2024

LCO No. 5361



Offered by:  
REP. QUINN, 82<sup>nd</sup> Dist.

To: Subst. House Bill No. 5411

File No. 514

Cal. No. 352

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

1 Strike everything after the enacting clause and substitute the  
2 following in lieu thereof:

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 Section 31-294f of the general statutes is repealed and the  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

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

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

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

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

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

44 (a) (1) Upon the written request of a patient, the patient's personal  
45 representative or the patient's attorney, [or authorized representative,]  
46 or pursuant to a written authorization, an institution licensed pursuant  
47 to this chapter shall furnish to the person making such request a copy of

48 the patient's health record, including but not limited to, copies of bills,  
49 laboratory reports, prescriptions and other technical information used  
50 in assessing the patient's health condition. In addition, an institution  
51 shall provide the patient or the patient's designated health care provider  
52 with a reasonable opportunity to examine retained tissue slides and  
53 retained pathology tissue blocks. Upon the written request of the  
54 patient, the patient's attorney or the patient's designated health care  
55 provider, an institution shall send the original retained tissue slide or  
56 original retained tissue block directly to the patient's designated  
57 licensed institution, laboratory or physician. If the original slide or block  
58 is not available or if a new section cut of the original slide or block is a  
59 fair representation of the original slide or block, then the institution may  
60 send the new section cut, which is clearly labeled as a new section cut,  
61 to the patient's designated health care provider. Any patient, patient's  
62 personal representative or the patient's attorney [or authorized  
63 representative] who is provided with an original retained slide, tissue  
64 block or a new section under the provisions of this subsection shall be  
65 solely responsible for safeguarding and returning the slide, block or new  
66 section to the institution. Any institution or laboratory that has released  
67 an original slide, an original tissue block or new section pursuant to the  
68 provisions of this subsection shall not be subject to any liability arising  
69 out of releasing or not retaining the slide, block or new section and no  
70 cause of action for damages shall arise against any such institution for  
71 releasing or not retaining the slide, block or new section. [No such  
72 institution shall charge more than sixty-five cents per page, including  
73 any research fees, clerical fees, handling fees or related costs, and the  
74 cost of first class postage, if applicable, for furnishing or providing  
75 access to a health record pursuant to this subsection, except such an  
76 institution may charge the amount necessary to cover its cost of  
77 materials for furnishing a copy of an x-ray or for furnishing an original  
78 retained slide, an original tissue block or a new section cut from a  
79 retained pathology tissue block.] For purposes of this subsection, "health  
80 care provider" means an institution or laboratory licensed under this  
81 chapter or licensed in the state where located, a physician licensed  
82 under chapter 370 or licensed in the state where located, a physician

83 assistant licensed under chapter 370 or licensed in the state where  
84 located or an advanced practice registered nurse licensed under chapter  
85 378 or licensed in the state where located and "patient's personal  
86 representative" means a personal representative as described in 45 CFR  
87 164.502(g).

88 (2) An institution may charge fees for copies, materials, slides or  
89 blocks that are furnished pursuant to subdivision (1) of this subsection  
90 as follows:

91 (A) If the written request is made directly by the patient or patient's  
92 personal representative, the maximum fees an institution may charge  
93 shall be the same as allowed by federal law 45 CFR 164.524(c)(4).  
94 Permitted fees shall include any amount necessary to cover the cost of  
95 materials for furnishing a copy of an x-ray or for furnishing an original  
96 retained slide, an original tissue block or a new section cut from a  
97 retained pathology tissue block.

98 (B) If the written request came from someone other than the patient  
99 or the patient's personal representative, the maximum fees an institution  
100 may charge shall be:

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

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

108 (iii) On January 1, 2026, and annually thereafter, the Department of  
109 Public Health shall adjust the per page fees prescribed in this  
110 subparagraph based upon the consumer price index for all urban  
111 consumers as determined by the United States Department of Labor,  
112 Bureau of Labor Statistics. The Department of Public Health shall  
113 annually publish the adjusted rates on the department's Internet web

114 site.

115 (b) No institution licensed pursuant to this chapter shall charge for  
116 furnishing a health record or part thereof to a patient, his attorney or  
117 conservator if the record or part thereof is necessary for the purpose of  
118 supporting a workers' compensation claim under chapter 568, a claim  
119 or appeal under any provision of the Social Security Act or a claim or  
120 appeal for veterans' benefits under any provision of Title 38 of the  
121 United States Code or chapter 506 and the request for the records is  
122 accompanied by documentation of the claim or appeal. An institution  
123 shall furnish the requested record within thirty days of the request,  
124 unless the request was received in less than thirty days subsequent to  
125 the date the patient was discharged, in which case the institution shall  
126 furnish the requested record upon its completion. All requests for  
127 records shall be complete and in a form provided by the provider, or an  
128 entity acting on behalf of a provider, if such form has been provided to  
129 the requestor. If such provider, or an entity acting on behalf of a  
130 provider, fails to furnish the health record requested to the requestor not  
131 later than thirty days after the date of receipt of request, the fee charged  
132 to furnish such health record shall be reduced by fifty per cent. If such  
133 provider, or an entity acting on behalf of a provider, fails to furnish the  
134 health record requested to the requestor not later than sixty days after  
135 the date of receipt of the request, the fee charged to furnish such health  
136 record shall be reduced by seventy-five per cent. If such provider, or an  
137 entity acting on behalf of a provider, fails to furnish the health record  
138 requested to the requestor not later than ninety days after the date of  
139 receipt of the request, the fee charged to furnish such health record shall  
140 be reduced by ninety per cent. Subject to the provisions of subparagraph  
141 (A) of subdivision (2) of subsection (a) of this section, nothing in this  
142 subsection shall be construed to require a provider, or an entity acting  
143 on behalf of a provider, to furnish a requested health record until such  
144 time as a medical authorization form that is compliant with the  
145 provisions of the Health Insurance Portability and Accountability Act of  
146 1996, P.L. 104-191, as amended from time to time, has been submitted to  
147 the provider, or an entity acting on behalf of a provider. No provider or

148 entity acting on behalf of a provider shall be penalized for any delay in  
149 providing records if good cause is shown for the delay. If a patient, a  
150 patient's attorney or authorized representative requests that the  
151 provider, or an entity acting on behalf of a provider, furnish a health  
152 record not later than fifteen days following the receipt of such request,  
153 the provider, or entity acting on behalf of the provider, may charge not  
154 more than an additional fee of one hundred dollars to expedite the  
155 furnishing of the health record. If an expedited copy is requested, it  
156 must be accompanied by a statement that a statute of limitation or  
157 repose may expire within one hundred twenty days of the date of the  
158 request, or other good cause necessitating an expedited copy. If the  
159 expedited record is not provided within fifteen days of the request, the  
160 record shall be provided free of charge.

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

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

170 (e) Each institution licensed pursuant to this chapter that ceases to  
171 operate shall, at the time it relinquishes its license to the department,  
172 provide to the department a certified document specifying: (1) The  
173 location at which patient health records will be stored; (2) the procedure  
174 that has been established for patients, former patients or their  
175 [authorized] appropriate representatives to secure access to such health  
176 records; (3) provisions for storage, should the storage location cease to  
177 operate or change ownership; and (4) that the department is authorized  
178 to enforce the certified document should the storage location cease to  
179 operate or change ownership. An institution that fails to comply with  
180 the terms of a certified document provided to the department in

181 accordance with this subsection shall be assessed a civil penalty not to  
182 exceed one hundred dollars per day for each day of noncompliance with  
183 the terms of the certified agreement.

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

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

193 (a) For purposes of this section, (1) "clinical laboratory" has the same  
194 meaning as provided in section 19a-490. "Clinical laboratory" does not  
195 include any state laboratory established by the Department of Public  
196 Health pursuant to section 19a-26 or 19a-29; and (2) "patient's personal  
197 representative" means a personal representative as described in 45 CFR  
198 164.502(g).

199 (b) Except as provided for in subsection (e) of this section, a provider  
200 shall (1) supply to a patient upon request complete and current  
201 information possessed by that provider concerning any diagnosis,  
202 treatment and prognosis of the patient, and (2) notify a patient of any  
203 test results in the provider's possession or requested by the provider for  
204 the purposes of diagnosis, treatment or prognosis of such patient. In  
205 addition, upon the request of a patient or a provider who orders medical  
206 tests on behalf of a patient, a clinical laboratory shall provide medical  
207 test results relating to the patient to (A) the patient, or (B) any other  
208 provider who is treating the patient for the purposes of diagnosis,  
209 treatment or prognosis of such patient.

210 (c) A provider, who requests that his or her patient submit to repeated  
211 medical testing at regular intervals, over a specified period of time, for  
212 purposes of ascertaining a diagnosis, prognosis or recommended course

213 of treatment for such patient, may issue a single authorization that  
214 allows the entity that conducts such medical testing, including, but not  
215 limited to, a clinical laboratory, to directly communicate the results of  
216 such testing to the patient for the period of time that such testing is  
217 requested by the provider.

218 (d) Upon a written request of a patient, the patient's personal  
219 representative or a patient's attorney, [or authorized representative,] or  
220 pursuant to a written authorization, a provider, except as provided in  
221 section 4-194, shall furnish to the person making such request a copy of  
222 the patient's health record, including but not limited to, bills, x-rays and  
223 copies of laboratory reports, contact lens specifications based on  
224 examinations and final contact lens fittings given within the preceding  
225 three months or such longer period of time as determined by the  
226 provider but no longer than six months, records of prescriptions and  
227 other technical information used in assessing the patient's health  
228 condition. No provider shall refuse to return to a patient original records  
229 or copies of records that the patient has brought to the provider from  
230 another provider. When returning records to a patient, a provider may  
231 retain copies of such records for the provider's file, provided such  
232 provider does not charge the patient for the costs incurred in copying  
233 such records. [No provider shall charge more than sixty-five cents per  
234 page, including any research fees, handling fees or related costs, and the  
235 cost of first class postage, if applicable, for furnishing a health record  
236 pursuant to this subsection, except such] A provider may charge a  
237 patient the amount necessary to cover the cost of materials for  
238 furnishing a copy of an x-ray, provided no such charge shall be made  
239 for furnishing a health record in paper or electronic form or part thereof  
240 to a patient, a patient's personal representative or a patient's attorney [or  
241 authorized representative] pursuant to a written authorization if the  
242 record or part thereof is necessary for the purpose of supporting a  
243 workers' compensation claim under chapter 568, a claim or appeal  
244 under any provision of the Social Security Act or a claim or appeal for  
245 veterans' benefits under any provision of Title 38 of the United States  
246 Code or chapter 506 and the request is accompanied by documentation



247 of the claim or appeal. A provider shall furnish a health record  
248 requested of the initial health care provider pursuant to this section  
249 within thirty days of the request. All requests for records shall be  
250 complete and in a form provided by the provider, or an entity acting on  
251 behalf of a provider, if such form has been provided to the requestor. If  
252 such provider, or an entity acting on behalf of a provider, fails to furnish  
253 the health record requested to the requestor not later than thirty days  
254 after the date of receipt of request, the fee charged to furnish such health  
255 record shall be reduced by fifty per cent. If such provider, or an entity  
256 acting on behalf of a provider, fails to furnish the health record  
257 requested to the requestor not later than sixty days after the date of  
258 receipt of the request, the fee charged to furnish such health record shall  
259 be reduced by seventy-five per cent. If such provider, or an entity acting  
260 on behalf of a provider, fails to furnish the health record requested to  
261 the requestor not later than ninety days after the date of receipt of the  
262 request, the fee charged to furnish such health record shall be reduced  
263 by ninety per cent. Subject to the provisions this subsection, nothing in  
264 this subsection shall be construed to require a provider, or an entity  
265 acting on behalf of a provider, to furnish a requested health record until  
266 such time as a medical authorization form that is compliant with the  
267 provisions of the Health Insurance Portability and Accountability Act of  
268 1996, P.L. 104-191, as amended from time to time, has been submitted to  
269 the provider, or an entity acting on behalf of a provider. No provider or  
270 entity acting on behalf of a provider shall be penalized for any delay in  
271 providing records if good cause is shown for the delay. If a patient, a  
272 patient's attorney or authorized representative requests that the  
273 provider, or an entity acting on behalf of a provider, furnish a health  
274 record not later than fifteen days following the receipt of such request,  
275 the provider, or entity acting on behalf of the provider, may charge not  
276 more than an additional fee of one hundred dollars to expedite the  
277 furnishing of the health record. If an expedited copy is requested, it  
278 must be accompanied by a statement that a statute of limitation or  
279 repose may expire within one hundred twenty days of the date of the  
280 request, or other good cause necessitating an expedited copy. If the  
281 expedited record is not provided within fifteen days of the request, the

282 record shall be provided free of charge. No health care provider, who  
283 has purchased or assumed the practice of a provider who is retiring or  
284 deceased, may refuse to return original records or copied records to a  
285 patient who decides not to seek care from the successor provider. When  
286 returning records to a patient who has decided not to seek care from a  
287 successor provider, such provider may not charge a patient for costs  
288 incurred in copying the records of the retired or deceased provider. A  
289 provider may charge fees for a health record that is furnished pursuant  
290 to this subsection as follows:

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

296 (2) If the written request came from someone other than the patient  
297 or the patient's personal representative, the maximum fees a provider  
298 may charge shall be:

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

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

306 (C) On January 1, 2026, and annually thereafter, the Department of  
307 Public Health shall adjust the per page fees prescribed in this  
308 subparagraph based upon the consumer price index for all urban  
309 consumers as determined by the United States Department of Labor,  
310 Bureau of Labor Statistics. The Department of Public Health shall  
311 annually publish the adjusted rates on the department's Internet web  
312 site.

313 (e) If a provider reasonably determines that the information is  
314 detrimental to the physical or mental health of the patient, or is likely to  
315 cause the patient to harm himself, herself or another, the provider may  
316 withhold the information from the patient. The information may be  
317 supplied to an appropriate third party or to another provider who may  
318 release the information to the patient. If disclosure of information is  
319 refused by a provider under this subsection, any person aggrieved  
320 thereby may, within thirty days of such refusal, petition the superior  
321 court for the judicial district in which such person resides for an order  
322 requiring the provider to disclose the information. Such a proceeding  
323 shall be privileged with respect to assignment for trial. The court, after  
324 hearing and an in camera review of the information in question, shall  
325 issue the order requested unless it determines that such disclosure  
326 would be detrimental to the physical or mental health of the person or  
327 is likely to cause the person to harm himself, herself or another.

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

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

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

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

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