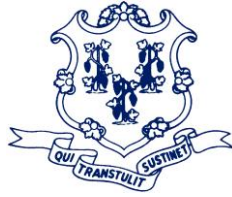


The Connecticut General Assembly



Medical Record Requests and Records Fee Working Group Meeting

MEETING MINUTES

Tuesday, January 16, 2024

ATTENDANCE: Representative Christine Conley, Michael D'Amico, Marie Gallo-Hall, Liz McElhiney, Rachel Pattison, Rep. O'Dea, Layne Gakos, Sue Schaffman

ABSENT: Sen. Anwar, Jennifer Cox, Sen. Somers, Kim Schlottman, Kathleen Nastri, Rick Silver, Carl Schiessl, Representative Mike Quinn, Kyle Probst

GUESTS: Karen Buckley

Convene Meeting

The meeting was convened at 10:01 AM by Rep. Conley.

Approval of minutes – January 2nd

The motion was made by Michael D'Amico, seconded by Rachel Pattison. The minutes were approved via voice vote.

Continued Discussion

Michael discusses the changes he made to his proposal, which were changes to 19a-490b to be consistent with the changes made to 20-7c.

Jennifer Cox states that there wasn't uniform consent for the changes Michael has proposed to 20-7c, and states 20-7c applies to practitioners and 19a-490b applies to facilities. She believes the proposal isn't HIPAA compliant and states you can't require a certain statutory form to comply with HIPAA for authorizations. Another concern she has is that it reads that different buckets of people have different authorization levels to records. Jennifer is unsure what issue this group is trying to solve and believes this would create more issues. She states if the group prioritizes civil suit records over patient care records, it will slow down patient care.

Michael doesn't understand why the group can't agree on a form as long as it is HIPAA compliant.

Rep. Conley states having a form in statute could create problems if the federal government decides to change something, you would only be able to change the form during session.

Michael doesn't understand how Jennifer can insinuate that this would create more problems, he states the first line deals with written requests. He states a lot of the changes were just pieces being moved around, and that the fee provision makes sure it aligns with federal fee structures. He states the problem that is trying to be solved, is that the statute is significantly out of date and that it is problematic to use the federal system to request records.

Elizabeth states there is additional federal regulatory activities regarding PHI's. She states maybe a recommended form could be done through DPH, but a mandated authorization could put providers in between state law and federal law.

Jennifer states she's fine with blocks/slides provision. She states if there is a HIPAA compliant paper that comes across, you have to take it which is why you can't do a uniform form. She states HIPAA distinguishes between direct access and authorized requests for third parties. She agrees the statute is out of date, but the proposed changes don't help. She agrees the law needs to be updated but that this isn't the way to do so.

Layne echoes what Jennifer has said, and that any statutory changes impact more than just the big hospitals who have endless staff.

Michael agrees that a recommended form could be a good idea and wouldn't cause the issues Jennifer is concerned about. He understands that HIPAA makes distinctions between direct access and 3rd party access, but as long as the changes created isn't conflicting with federal law and isn't more restrictive than it would work side by side with federal law. He states if there are specific recommendations from Jennifer, he welcomes them, but he hasn't seen any.

Susan states she wants to address the workers' compensation issue. She states that she wants the orthopedic association to continue to work with the Workers Compensation Commissioner. She states that there is no charge for medical records for workers' compensation and that there is an incentive for the providers to provide the records in the 30 days (for reimbursement and to have carriers refer patients to them). She states that she hasn't heard that it is an issue and would like to hear from them.

Rep. Conley states there has been discussions for a couple of years because those issues have still not been resolved, the delay in continuity of care is most concerning to Rep. Conley. She asks if Susan watched the meeting from last week. Susan says she has not. Rep. Conley wants feedback on the 30-day provision and if it is still reasonable, and that the penalty would be to give the judges an opportunity to provide a penalty and the first penalty could be just a letter, and it could get more serious for subsequent penalties.

Marie Gallo-Hall reiterates again that putting too much onus on the district offices is a bad idea, and that getting the records in the first 30-days is problematic as it is. Marie states she can talk to Rep. Quinn about guidelines.

Rep. Conley agrees that the problem has been existing for several years, and there needs to be a solution. She states her and Rep. Quinn are open to changing the timeline, but that something must be done.

Marie asks about letters being sent by the judges but states the judges don't have authority over the providers because they aren't members of the litigation. Rep. Conley states it could just be a notice letter, not a fine letter. She says in terms of the secondary hearing where there is still an issue, that penalty still needs to be worked out.

Susan states 30-days is reasonable within the Orthopedic community and states an alert could be considered by them but that she opposes any sort of penalty.

Rep. Conley states larger providers are able to have liaisons when there are issues, and it turns into a corporate face and hard to get into contact with them. She states some large hospitals are better than others related to this.

Jennifer believes what's happening regarding slower pipelines, is the system is treating it as a regular request. She recognizes that it is frustrating for people doing workers' comp and continuity of care, and that on the provider side they were unaware that it was glitching. She believes if this specific issue would be able to be solved on the provider side internally, there may not be a need for legislation. She asks if the group is talking about reports or records because the statute isn't clear.

Rep. Conley states the biggest issue is the plan of care records. She states they often provide the whole record and not just the specific record related to the workers' comp, and while it isn't a huge issue that the whole record is provided it's likely slowing up the process.

Jennifer states that clarification is very helpful, and that she believes that providers should be more focused on this specific issue and the solution could be solved internally.

Rep. Conley says if there are any changes to current proposals or new proposals to send them to the Chairs and staff by the end of the day Friday.

Rick Silver asks if there isn't a form the group agrees on how the group can argue that they are solving the problem.

Rep. Conley says if there is consensus on a form it's a good idea, but at this point in the group it doesn't appear to have that, and legislative session comes in the next couple of weeks.

Layne asks how the voting process will work.

Rep. Conley envisions both the chairs have a conversation about what to present as a proposal or proposals, and then the group will vote.

Rachel Pattison asks if drafts will be sent around before January 30th. Rep. Conley says that the goal isn't to surprise people, and the group will get the documents as soon as the Chairs are able to send them.

Announcement of Time and Date of Next Meeting

Tuesday, January 30th, 2024, at 10:00am

Adjournment

The motion to adjourn was made by Michael D'Amico and seconded by Rep. Conley. The meeting was adjourned at 10:52AM.