



State of Connecticut
GENERAL ASSEMBLY
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

Medical Records Requests and Records Fee Working Group Final Recommendation

Sec. 1 Sec. 31-294f of the general statutes is repealed and the following is substituted in lieu thereof
(Effective July 1, 2024)

(a) An injured employee shall submit himself to examination by a reputable practicing physician or surgeon, at any time while claiming or receiving compensation, upon the reasonable request of the employer or at the direction of the administrative law judge. The examination shall be performed to determine the nature of the injury and the incapacity resulting from the injury. The physician or surgeon shall be selected by the employer from an approved list of physicians and surgeons prepared by the chairperson of the Workers' Compensation Commission and shall be paid by the employer. At any examination requested by the employer or directed by the administrative law judge under this section, the injured employee shall be allowed to have in attendance any reputable practicing physician or surgeon that the employee obtains and pays for himself. The employee shall submit to all other physical examinations as required by this chapter. The refusal of an injured employee to submit himself to a reasonable examination under this section shall suspend his right to compensation during such refusal.

(b) All medical reports concerning any injury of an employee sustained in the course of his employment shall be furnished within thirty days after the completion of the reports, at the same time and in the same manner, to the employer and the employee or his attorney.

(c) The administrative law judge may penalize a practicing physician, surgeon, or third-party vendor if they fail to supply the medical report within thirty days after the completion of the reports. Penalties may include (1) a letter of discontent, (2) an order requiring a physician, surgeon or third party vendor to appear at a hearing or (3) a fine up to \$500.

Sec. 2 Sec. 20-7c of the general statutes is repealed and the following is substituted in lieu thereof
(Effective July 1, 2024)

(a) For purposes of this section, "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.

(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) Upon a written request of a patient, a 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. The written request shall specify if a paper or electronic copy of the record is preferred, and if an electronic copy is requested and can be produced, then the institution or its business associate shall deliver such electronic copy of the requested record. No provider shall charge more than the following for a paper copy of a health record: [sixty-five] seventy-five cents for pages one through twenty-five, fifty cents for pages twenty-six through fifty, twenty-five cents for pages fifty-one through ninety-nine, and ten cents for pages exceeding one hundred 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. If an electronic copy of the health record is requested and delivered, then the provider shall charge the requestor no more than thirty-five cents per page with a maximum of two-hundred-fifty dollars per request. No provider shall charge a search and handling fee unless the patient, the patient's attorney or authorized representative, request the provider to make redactions to the requested health record. If such search and handling fee applies, a provider shall charge no more than fifty dollars. A provider shall furnish a health record requested pursuant to this section within thirty days of the request. If such provider fails to deliver the health record request to the requestor within thirty days of receipt of request, the original fee shall be reduced by fifty percent. If such provider fails to deliver the health record request to the requestor within sixty days of receipt of request, the original fee shall be reduced by seventy five percent. If such

provider fails to deliver the health record request to the requestor within ninety days of receipt of request, the original fee shall be reduced by ninety percent. Nothing in this subsection shall be construed to require a provider to furnish a requested health record until any HIPAA compliant medical authorization form is submitted to the provider. 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.
(1) If a patient, a patient's attorney or authorized representative makes a request of the provider to expedite health records, within seventy-two hours, a provider may charge no more than an additional fifty dollar expedited fee.

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

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

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

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

(i) The fees related to paper copies pursuant to subsection (d) of this section shall be adjusted and published annually, starting on January 1, 2025, by the Commissioner of Public Health based upon the consumer price index calculator published by the United States Bureau of Labor and Statistics.

Sec. 3 Sec. 19a-490b amended to comply with 20-7c changes.