



119th MAINE LEGISLATURE

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Legislative Document

No. 207

H.P. 145

House of Representatives, January 11, 1999

An Act to Clarify the Confidentiality of Health Care Information.

(EMERGENCY)

Reference to the Committee on Health and Human Services suggested and ordered printed.

JOSEPH W. MAYO, Clerk

Presented by Representative BROOKS of Winterport. Cosponsored by Senator FERGUSON of Oxford.

Emergency preamble. Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted 2 as emergencies; and

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Whereas, the current law regarding confidentiality of health care information is confusing and complex; and

Whereas, this situation has led to complications in the 8 ability of health care facilities to disclose patient information 10 to significant persons in a patient's life who need that information and to rely on those significant persons to make decisions about disclosure when the patient is not in a position 12 to do so; and

Whereas, the current health care information confidentiality law must be clarified as soon as possible in the interest of 16 health care facilities, patients and those who care for them; and

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Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of 20 Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and 22 safety; now, therefore,

Be it enacted by the People of the State of Maine as follows:

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Sec. 1. 5 MRSA §19203, sub-§2, as amended by PL 1997, c. 793, Pt. B, \$1 and as affected by \$6, is further amended to read:

2. Designated health care provider. To a health care 30 provider designated by the subject of the test in writing 32 pursuant--to--Title--227--section--1711-G. When a patient has authorized disclosure of HIV test results to a person or 34 organization providing health care, the patient's health care provider may make these results available only to other health 36 care providers working directly with the patient and only for the purpose of providing direct medical or dental patient care. Any 38 health care provider who discloses HIV test results in good faith pursuant to this subsection is immune from any criminal or civil 40 liability for the act of disclosing HIV test results to other health care providers;

Sec. 2. 5 MRSA §19203, sub-§9, as amended by PL 1997, c. 793, 44 Pt. B, $\S2$ and affected by $\S6$, is further amended to read:

46 9. Medical records. As part of a medical record when release or disclosure of that record is authorized pursuant to 48 Title-22,--section-1711,-1711-B,--subsection-1-or--section-1711-G, subsection-3,-6-er-11 section 19203-D; or

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Sec. 3. 5 MRSA §19203, last ¶, as amended by PL 1997, c. 793, 2 Pt. B, §3 and affected by §6, is further amended to read: 4 Nothing in this section may be construed as prohibiting the entry of an HIV test result on the patient's medical record in accordance with this chapter. 6 Sec. 4. 5 MRSA §19203-D, as repealed by PL 1997, c. 793, Pt. 8 B, §4 and affected by §6, is reenacted to read: 10 §19203-D. Records 12 When a medical record entry is made concerning information 14 of a person's HIV infection status, including the results of an HIV test, the following apply to the release of that information 16 as a part of the medical record. 18 1. Authorized release. The person who is the subject of an HIV test, at or near the time the entry is made in the medical 20 record, shall elect, in writing, whether to authorize the release of that portion of the medical record containing the HIV 22 infection status information when that person's medical record has been requested. A new election may be made when a change in the person's HIV infection status occurs or whenever the person 24 makes a new election. The release form must clearly state 26 whether or not the person has authorized the release of that information. The person must be advised of the potential 28 implications of authorizing the release of that information. 30 A. When release has been authorized, the custodian of the medical record may release, upon request, the person's 32 medical record, including any HIV infection status information contained in the medical record. Release of HIV 34 infection status information pursuant to this paragraph is not a violation of any of the confidentiality provisions of 36 this chapter. 38 B. When release has not been authorized, the custodian of the medical record may, upon request, release that portion 40 of the medical record that does not contain the HIV infection status information. Except as otherwise provided in this section, HIV infection status information may be 42 released only if the person has specifically authorized a 44 separate release of that information. A general release form is insufficient. 46 2. Authorized disclosure. A medical record containing results of an HIV test may not be disclosed, discoverable or 48 compelled to be produced in any civil, criminal, administrative

	or other proceedings without the consent of the person who is the
2	subject of an HIV test, except in the following cases:
6	SUDJECT OF GW WIN CEBEN CACOPE IN CAC IDIAONING CODODY
4	A. Proceedings held pursuant to the communicable disease
-	laws, Title 22, chapter 251;
6	<u> 1040/ 11/16 66/ 0409/01 671/</u>
Ŭ	B. Proceedings held pursuant to the Adult Protective
8	Services Act, Title 22, chapter 958-A;
0	Dervices Act, fille 22, chapter 930-A,
10	C. Proceedings held pursuant to the child protection laws,
10	Title 22, chapter 1071;
12	IICIE 22, Chapter 10/17
12	D. Durandium held numerate to the mental health land
14	D. Proceedings held pursuant to the mental health laws,
14	Title 34-B, chapter 3, subchapter IV, article III; and
16	E. Pursuant to a court order upon a showing of good cause,
10	provided that the court order limits the use and disclosure
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10	of records and provides sanctions for misuse of records or
20	sets forth other methods for ensuring confidentiality.
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• •	3. Utilization review: research. Nothing in this section
22	may be interpreted to prohibit reviews of medical records for
	utilization review purposes by duly authorized utilization review
24	committees or peer review organizations. Qualified personnel
	conducting scientific research, management audits, financial
26	audits or program evaluation with the use of medical records may
	not identify, directly or indirectly, any individual patient in
28	any report of such research, audit, evaluation or otherwise
	disclose the identities of persons tested in any manner.
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	4. Access by health care providers. Nothing in this
32	section may prohibit access to medical records by the designated
	health care provider of the person who is the subject of an HIV
34	test in accordance with section 19203, subsection 2.
36	5. Confidentiality policy. Health care providers and
	others with access to medical records containing HIV infection
38	status information shall have a written policy providing for
	confidentiality of all patient information consistent with this
40	<u>chapter. That policy must require, at a minimum, action</u>
	consistent with disciplinary procedures for violations of the
42	confidentiality policy.
44	Sec. 5. 22 MRSA §1711, as amended by PL 1997, c. 793, Pt. A,
	\$1 and affected by $$10$, is further amended to read:
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	§1711. Patient access to hospital medical records
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	If a patient of an institution licensed as a hospital by the
50	State, after discharge from such institution, makes written

request for copies of the patient's medical records, the copies must, if available, be made available to-the-patient within a 2 reasonable time unless, in the opinion of the hospital, it would be detrimental to the health of the patient to obtain the 4 records. If the hospital is of the opinion that release of the records to the patient would be detrimental to the health of the б patient, the hospital shall advise the patient that copies of the records will be made available to the patient's authorized 8 representative upon presentation of a proper authorization signed by the patient. The-hospital-may-exclude-from-the-copies-ef 10 medical-records-released-any-information-related-to-a-elinical 12 trial-sponsored,-authorized or -regulated by the federal -Food - and Drug-Administration.

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If an authorized representative for a patient requests, in writing, that a hospital provide the authorized representative with a copy of the patient's medical records and presents a proper authorization from the patient for the release of the information, copies must be provided to the authorized representative within a reasonable time.

22 A-writton-request-or-authorisation-for-release-of-medical records-under-this-section-satisfies-the-requirements-of-section 24 1711-Gr-subsection-3.

26 A--patient-may-submit-teo-a-hospital-an-addition-to-the patient's--medical--records,--which--must--be--retained--with--the 28 medical-record-by-the-hospital--adds-to-the medical-record-by-the-hospital---the-submitted-addition; 30 the-hospital-shall-provide-a-copy-to-the-patient;

32 Reasonable costs incurred by the hospital in making and providing copies of medical records and-additions-to-medical 34 records, must be borne by the requesting person, and the hospital may require payment prior to responding to the request.

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Release-of-a--patient's - medical--records-to-a-person-ether 38 than-the-patient-is-governed-by-section-1711-C.

- 40 Sec. 6. 22 MRSA §1711-A, as amended by PL 1997, c. 793, Pt. A, §2 and affected by §10, is further amended to read;
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§1711-A. Fees charged for records

Whenever a health care practitioner defined in section 46 1711-B furnishes requested copies of a patient's treatment <u>medical</u> record or a medical report er-an-addition-to-a-treatment 48 record-or-medical-report to the patient, the charge for the copies or the report may not exceed the reasonable costs incurred by the health care practitioner in making and providing the copies or the report.

Sec. 7. 22 MRSA §1711-B, sub-§1, ¶¶A and B, as amended by PL
 1997, c. 793, Pt. A, §3 and affected by §10, are further amended
 to read:

A. "Health care practitioner" has the same meaning as in <u>Title 24</u>, section 1711-G, subsection-1, paragraph-F 2502.
"Health care practitioner" also includes "licensed clinical social worker" as defined in Title 32, chapter 83 and "marriage and family therapist" and "professional counselor" as defined in Title 32, chapter 119.

B. "Treatment records" means all records relating to a
 patient's diagnosis, and treatment and--eare, including x
 rays, performed by a health care practitioner.

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Sec. 8. 22 MRSA §1711-B, sub-§2, as amended by PL 1997, c. 793, Pt. A, §4 and affected by §10, is further amended to read:

Upon written authorization -- executed -- in 22 2. Access. accordance-with-coction-1711-Co--subsection--3 consent of the person to whom copies of records must be released pursuant to 24 this section, a health care practitioner shall release copies of 26 all treatment records of a patient or a narrative containing all relevant information in the treatment records to-the patient. The health care practitioner may exclude from the copies of 28 treatment records released any personal notes that are not 30 directly related to the patient's past or future treatment and any-information-related-to-a-clinical-trial-sponsored,-authorized 32 er-regulated-by-the-federal-Food-and-Drug-Administration. The copies or narrative must be released to the designated person within a reasonable time. 34

36 If the practitioner believes that release of the records to-the patient is detrimental to the health of the patient, the practitioner shall advise the patient that copies of 38 the treatment records or a narrative containing all relevant 40 information in the treatment records will be made available to the patient's authorized representative upon presentation of a written authorization signed by the patient. 42 The copies or narrative must be released to the authorized representative 44 within a reasonable time.

46 Except--as--provided--in--subsection--3,--xelease--of--a--patient's treatment-records-to--a-person-other-than-the-patient-is-governed 48 by-section-1711-C.

Sec. 9. 22 MRSA §1711-B, sub-§3, ¶¶B and C, as amended by PL 2 1997, c. 793, Pt. A, $\S5$ and as affected by \$10, are further amended to read: 4 The parent, quardian ad litem or legal quardian of the в. person who is the subject of the record if the person is a б minor, or the legal guardian if the person who is the subject of the record is mentally incompetent; or 8 10 с. The designee of a durable health-eare medical power of attorney executed-by-the-person-who-is-the-subject-of-the record, -at-such-time-as-the-power-of-attorney-is-in-effect; 12 er if the person who is the subject of the record is 14 incompetent and executed such an instrument. 16 Sec. 10. 22 MRSA §1711-B, sub-§3, ¶D, as enacted by PL 1997, c. 793, Pt. A, §6 and affected by §10, is repealed. 18 Sec. 11. 22 MRSA §1711-B, sub-§3-A, as enacted by PL 1997, c. 20 793, Pt. A, §7 and affected by §10, is repealed. Sec. 12. 22 MRSA §1711-B, sub-§5, as amended by PL 1997, c. 22 793, Pt. B, $\S5$ and affected by $\S6$, is further amended to read: 24 HIV test. Release of information regarding the HIV 5. infection status of a patient is governed by Title 5, section 26 1711-C 19203-D. 28 Sec. 13. 22 MRSA §1711-C, as corrected by RR 1997, c. 2, §44, is repealed. 30 Sec. 14. PL 1997, c. 793, Pt. A, §§9 and 10 are repealed. 32 Sec. 15. PL 1997, c. 793, Pt. B, §6 is repealed. 34 36 Emergency clause. In view of the emergency cited in the preamble, this Act takes effect when approved. 38 SUMMARY 40 42 This bill amends the laws regarding the confidentiality of health care information by removing the changes made in Public 44 Law 1997, chapter 793 by the Second Special Session of the 118th Legislature. 46