## MAINE STATE LEGISLATURE

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2	DATE: 4-26-99 (Filing No. H-281)
4	MINIDEITY
6	MINORITY HEALTH AND HUMAN SERVICES
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10	Reproduced and distributed under the direction of the Clerk of the House.
12	STATE OF MAINE
14	HOUSE OF REPRESENTATIVES 119TH LEGISLATURE
16	FIRST REGULAR SESSION
18	COMMITTEE AMENDMENT " $\mathcal{B}$ " to H.P. 1156, L.D. 1653, Bill, "An
20	Act to Amend the Law Governing the Confidentiality of Health Care
22	Information"
24	Amend the bill by striking out the title and substituting the following:
26	'An Act to Repeal the Laws Regarding the Confidentiality of Health Care Information'
28	Further amend the bill by striking out everything after the
30	title and before the summary and inserting in its place the following:
32	Emergency propuble Whomes have as the Indialation de mat
34	'Emergency preamble. Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and
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38	Whereas, the current law regarding confidentiality of health care information is confusing and complex; and
40	Whereas, this situation has led to complications in the
42	ability of health care facilities to disclose patient information to significant persons in a patient's life who need that
44	information and to rely on those significant persons to make decisions about disclosure when the patient is not in a position
46	to do so; and
-	Whereas, the current health care information confidentiality
48	law must be clarified as soon as possible in the interest of health care facilities, patients and those who care for them; and
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### COMMITTEE AMENDMENT "B" to H.P. 1156, L.D. 1653



Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and 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 affected by §6 and as affected by PL 1999, c. 3, §§4 and 5, is further amended to read:

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2. Designated health care provider. To a health care provider designated by the subject of the test in writing pursuant—te—Title—22,—section—1711—C. When a patient has authorized disclosure of HIV test results to a person or organization providing health care, the patient's health care provider may make these results available only to other health care providers working directly with the patient and only for the purpose of providing direct medical or dental patient care. Any health care provider who discloses HIV test results in good faith pursuant to this subsection is immune from any criminal or civil liability for the act of disclosing HIV test results to other health care providers;

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Sec. 2. 5 MRSA §19203, sub-§9, as amended by PL 1997, c. 793, Pt. B, §2 and affected by §6 and as affected by PL 1999, c. 3, §§4 and 5, is further amended to read:

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

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Sec. 3. 5 MRSA  $\S19203$ , last  $\P$ , as amended by PL 1997, c. 793, Pt. B,  $\S3$  and affected by  $\S6$  and as affected by PL 1999, c. 3,  $\S\S4$  and 5, is further amended to read:

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Nothing in this section may be construed as prohibiting the entry of an HIV test result on the patient's medical record <u>in accordance with this chapter</u>.

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Sec. 4. 5 MRSA  $\S19203$ -D, as repealed by PL 1997, c. 793, Pt. B,  $\S4$  and affected by  $\S6$  and as affected by PL 1999, c. 3,  $\S\S4$  and 5, is reenacted to read:

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#### §19203-D. Records

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When a medical record entry is made concerning information of a person's HIV infection status, including the results of an

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### COMMITTEE AMENDMENT "b" to H.P. 1156, L.D. 1653

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HIV test, the following apply to the release of that information as a part of the medical record.

- 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 record, shall elect, in writing, whether to authorize the release of that portion of the medical record containing the HIV 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 makes a new election. The release form must clearly state whether or not the person has authorized the release of that information. The person must be advised of the potential implications of authorizing the release of that information.
- A. When release has been authorized, the custodian of the medical record may release, upon request, the person's medical record, including any HIV infection status information contained in the medical record. Release of HIV infection status infection status information pursuant to this paragraph is not a violation of any of the confidentiality provisions of this chapter.
- B. When release has not been authorized, the custodian of the medical record may, upon request, release that portion 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 released only if the person has specifically authorized a separate release of that information. A general release form is insufficient.
  - 2. Authorized disclosure. A medical record containing results of an HIV test may not be disclosed, discoverable or compelled to be produced in any civil, criminal, administrative or other proceedings without the consent of the person who is the subject of an HIV test, except in the following cases:
- A. Proceedings held pursuant to the communicable disease laws, Title 22, chapter 251;
- B. Proceedings held pursuant to the Adult Protective Services Act, Title 22, chapter 958-A;
- C. Proceedings held pursuant to the child protection laws,

  Title 22, chapter 1071;
- D. Proceedings held pursuant to the mental health laws,
  Title 34-B, chapter 3, subchapter IV, article III; and

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- E. Pursuant to a court order upon a showing of good cause, provided that the court order limits the use and disclosure of records and provides sanctions for misuse of records or sets forth other methods for ensuring confidentiality.
- 3. Utilization review; research. Nothing in this section may be interpreted to prohibit reviews of medical records for utilization review purposes by duly authorized utilization review committees or peer review organizations. Qualified personnel conducting scientific research, management audits, financial audits or program evaluation with the use of medical records may not identify, directly or indirectly, any individual patient in any report of such research, audit, evaluation or otherwise disclose the identities of persons tested in any manner.
- 4. Access by health care providers. Nothing in this section may prohibit access to medical records by the designated health care provider of the person who is the subject of an HIV test in accordance with section 19203, subsection 2.
- 5. Confidentiality policy. Health care providers and others with access to medical records containing HIV infection status information shall have a written policy providing for confidentiality of all patient information consistent with this chapter. That policy must require, at a minimum, action consistent with disciplinary procedures for violations of the confidentiality policy.

Sec. 5. 22 MRSA §1711, as amended by PL 1997, c. 793, Pt. A, §1 and affected by §10 and as affected by PL 1999, c. 3, §§3 and 5, is further amended to read:

### §1711. Patient access to hospital medical records

If a patient of an institution licensed as a hospital by the 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 te-the-patient within a reasonable time unless, in the opinion of the hospital, it would be detrimental to the health of the patient to obtain the records. If the hospital is of the opinion that release of the records to the patient would be detrimental to the health of the patient, the hospital shall advise the patient that copies of the records will be made available to the patient's authorized representative upon presentation of a proper authorization signed by the patient. The-hospital-may-exclude-from-the-copies-ef medical-records-released-any-infermation-related-te-a-elinical trial-spensored,-authorized-or-regulated-by-the-federal-Food-and Drug-Administration.



## COMMITTEE AMENDMENT "" to H.P. 1156, L.D. 1653

If an authorized	d representative for a	patient requests, in
writing, that a hosp	oital provide the author	orized representative
with a copy of the	patient's medical rec	ords and presents a
	from the patient for	
information, copies	must be provided	to the authorized
representative within	a reasonable time.	

A-written-request-or-authorisation-for-release-of-medical records-under-this-section-satisfies-the-requirements-of-section 1711-Cr-subsection-3.

A-patient-may-submit-te-a-hospital-an-addition-te-the patient's-medical-records,-which-must-be-retained-with-the medical-record-by-the-hospital--If-the-hospital-adds-to-the medical-record-a-statement-in-response-to-the-submitted-addition, the-hospital-shall-provide-a-copy-to-the-patient,

Reasonable costs incurred by the hospital in making and providing copies of medical records and-additions-to-medical records are requesting person and the hospital may require payment prior to responding to the request.

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

Sec. 6. 22 MRSA §1711-A, as amended by PL 1997, c. 793, Pt. A, §2 and affected by §10 and as affected by PL 1999, c. 3, §§3 and 5, is further amended to read:

#### \$1711-A. Fees charged for records

Whenever a health care practitioner defined in section 1711-B furnishes requested copies of a patient's treatment medical record or a medical report er-an-addition-to-a-treatment recerd-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 and as affected by PL 1999, c. 3, §§3 and 5, are further amended to read:

A. "Health care practitioner" has the same meaning as in Title 24, section 1711-C, subsection-1, paragraph F 2502, subsection 1-A. "Health care practitioner" also includes "licensed clinical social worker" as defined in Title 32, section 7001-A, subsection 6 and "marriage and family therapist" and "professional counselor" as defined in Title 32, section 13851.

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## COMMITTEE AMENDMENT " to H.P. 1156, L.D. 1653

	В.	"Treat	tment	recor	rds"	means	all	records	relating	to	a
2	patie	ent's	diagn	osis,	and	treat	ment	andear	e, includ	ing	x
	rays	, perf	ormed	by a	healt	h care	prac	titioner.			
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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 and as affected by PL 1999, c. 3, §§3 and 5, is further amended to read:

2. Access. Upon written authorization -- executed --- in 10 accordance -- with -- section - 1711 - C -- subsection -- 3 consent of the person to whom copies of records must be released pursuant to 12 this section, a health care practitioner shall release copies of all treatment records of a patient or a narrative containing all 14 relevant information in the treatment records to-the-patient. The health care practitioner may exclude from the copies of 16 treatment records released any personal notes that are not directly related to the patient's past or future treatment and 18 any-information-related-to-a-clinical-trial-sponsored,-authorized er-requiated -by-the-federal-Food-and-Druq-Administration. 20 copies or narrative must be released to the designated person within a reasonable time.

If the practitioner believes that release of the records te-the patient is detrimental to the health of the patient, the practitioner shall advise the patient that copies of the treatment records or a narrative containing all relevant 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. The copies or narrative must be released to the authorized representative within a reasonable time.

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

Sec. 9. 22 MRSA §1711-B, sub-§3, ¶¶B and C, as amended by PL 1997, c. 793, Pt. A, §5 and affected by §10 and as affected by PL 1999, c. 3, §§3 and 5, are further amended to read:

- B. The parent, guardian ad litem or legal guardian of the person who is the subject of the record if the person is a minor, or the legal guardian if the person who is the subject of the record is mentally incompetent; or
- C. The designee of a durable health-care 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; or if the person who is the subject of the record is incompetent and had previously executed such an instrument.

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2 4	Sec. 10. 22 MRSA §1711-B, sub-§3, ¶D, as enacted by PL 1997, c. 793, Pt. A, §6 and affected by §10 and as affected by PL 1999, c. 3, §§3 and 5, is repealed.
6 8	Sec. 11. 22 MRSA §1711-B, sub-§3-A, as enacted by PL 1997, c. 793, Pt. A, §7 and affected by §10 and as affected by PL 1999, c. 3, §§3 and 5, is repealed.
10 12	Sec. 12. 22 MRSA §1711-B, sub-§5, as amended by PL 1997, c. 793, Pt. B, §5 and affected by §6 and as affected by PL 1999, c. 3, §§3 and 5, is further amended to read:
14 16	5. <b>HIV test.</b> Release of information regarding the HIV infection status of a patient is governed by <u>Title 5</u> , section 1711-C 19203-D.
18	Sec. 13. 22 MRSA $\$1711$ -C, as corrected by RR 1997, c. 2, $\$44$ and as affected by PL 1999, c. 3, $\$\$3$ and 5, is repealed.
20	Sec. 14. PL 1997, c. 793, Pt. A, §9 is repealed.  Sec. 15. PL 1997, c. 793, Pt. A, §10, as amended by PL 1999, c. 3,
24	\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\
26 28	Sec. 16. PL 1997, c. 793, Pt. B, §6, as amended by PL 1999, c. 3, §§3 and 5, is repealed.
30	Emergency clause. In view of the emergency cited in the preamble, this Act takes effect when approved.'
32	Further amend the bill by inserting at the end before the summary the following:
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36	'FISCAL NOTE
<b>38</b>	The Department of the Attorney General will realize some minor savings from a reduction in lawsuits to enforce confidentiality.
42	The additional costs associated with amending rules can be
44	absorbed by the Maine Health Data Organization utilizing existing budgeted resources.
46	This bill may reduce the number of civil suits and civil

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violations filed in the court system. The Judicial Department

may realize some minor savings associated with the minimal number of cases that will no longer be filed. Reductions in the

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collection of filing fees and fines may decrease General Fund revenue by minor amounts.

The Department of Professional and Financial Regulation will realize some minor savings from eliminating the reporting requirement.'

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#### **SUMMARY**

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This amendment is the minority report of the Joint Standing Committee on Health and Human Services. It amends the laws regarding the confidentiality of health care information by repealing the provisions of Public Law 1997, chapter 793, which was enacted by the Second Special Session of the 118th Legislature. The amendment makes the bill an emergency. It also adds a fiscal note.

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