



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
PUBLIC HEALTH COMMITTEE
Wednesday, February 22, 2023**

**SB 958, An Act Concerning The Timely Transfer Of Medical
Records Between Health Care Institutions**

The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning **SB 958, An Act Concerning The Timely Transfer Of Medical Records Between Health Care Institutions**. CHA opposes the bill as drafted.

Connecticut hospitals continue to meet the challenges posed by the COVID-19 pandemic and are now facing new challenges of treating sicker patients than they saw before the pandemic, with a dedicated but smaller workforce who are exemplary but exhausted. They are also experiencing significant financial hardships brought on by record inflation. Through it all, hospitals have been steadfast, providing high-quality care for everyone who walks through their doors, regardless of ability to pay.

SB 958 seeks to require institutional providers to share records in real time or near real time, without recognition of the feasibility of that mandate. CHA believes that the goal of the bill, which seems to reduce barriers to medical record exchange in a way that best serves patients' immediate needs, is achievable but not as drafted. SB 958 is not aligned with current technology, the complexity of medical record laws, or the impact on record stewardship generally on record exchange.

We have concerns that SB 958, as drafted, would not be workable because:

- **Time Frames for Those Covered by the Bill:** SB 958 specifically seeks to accelerate the time frame in which a licensed healthcare institution is required to “transfer” patient records to another healthcare institution. (We take this to mean “to share the information,” not actually transfer a patient file. Providers exchange copies of records, original records must be maintained by each provider and are rarely transferred.)

The time frames set out in SB 958 are overly ambitious. Some hospitals may be able to meet the challenging time frames some of the time, but no hospital would be able to do so all of the time. Further, very few *non*-hospital entities would be able to comply at any level, particularly for off-hours requests.

The list of provider settings in the bill, taken from 19a-490, includes each of the following:

...hospital, short-term hospital special hospice, hospice inpatient facility, residential care home, nursing home facility, home health care agency, home health aide agency, behavioral health facility, assisted living services agency, substance abuse treatment facility, outpatient surgical facility, outpatient clinic, clinical laboratory, an infirmary operated by an educational institution for the care of students enrolled in, and faculty and employees of, such institution; a facility engaged in providing services for the prevention, diagnosis, treatment or care of human health conditions, including facilities operated and maintained by any state agency; and a residential facility for persons with intellectual disability licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for individuals with intellectual disability.

Based on 19a-490, the bill would not apply to “any facility for the care and treatment of persons with mental illness or substance use disorder operated or maintained by any state agency” but the bill would apply to “Whiting Forensic Hospital and the hospital and psychiatric residential treatment facility units of the Albert J. Solnit Children's Center.”

- **Technical or Administrative Staffing Resources:** It is unlikely that most of the facilities affected by the law would have the technical, administrative, or staffing resources to enable them to comply with the mandate of 24-hour record exchange deadline, let alone immediate record exchange. This includes certain state agencies that are regulated under 19a-490.
- **Required Work Prior to Record Transfers:** SB 958 does not capture how medical records are maintained, exchanged, and protected. Records are not released by the mere push of a button. In fact, significant staffing, administrative validation and verification, human review of requests, and extensive technical work goes into medical record stewardship. The costs to the healthcare system of implementing the required level of staffing and technology to attempt this level of exchange would be great.
- **Impact on Other Record Requests:** SB 958 would prioritize all patient-requested records over all other requests, which would have the immediate effect of slowing: provider-to-provider requests, insurance requests, agency and government requests, and all other routine record requests.

An achievable approach would be to ask providers to implement policies and procedures that recognize and identify the situations when immediate record exchange is needed, and to have plans and procedures in place to meet those requests for key information as needed by other clinicians, either through portal access or by other means that rely on existing technologies and workflows.

We urge the committee to move in this direction.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.