

HOUSE BILL REPORT

SHB 1214

As Passed Legislature

Title: An act relating to public health.

Brief Description: Modifying the definition of a reasonable fee for certain health care practices.

Sponsors: By House Committee on Health Care (originally sponsored by Representative Appelwick).

Brief History:

Reported by House Committee on:
Health Care, March 2, 1993, DPS;
Passed House, March 15, 1993, 89-4;
Amended by Senate;
Passed Legislature, April 23, 1993, 97-1.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 15 members: Representatives Dellwo, Chair; L. Johnson, Vice Chair; Dyer, Ranking Minority Member; Ballasiotes, Assistant Ranking Minority Member; Appelwick; Campbell; Conway; Cooke; R. Johnson; Lisk; Mastin; Mielke; Morris; Thibaudeau; and Veloria.

Minority Report: Do not pass. Signed by 1 member: Representative Flemming.

Staff: John Welsh (786-7133).

Background: The Uniform Health Care Information Act defines the rights and responsibilities of patients, health care providers and third parties with regard to disclosure of patient health records. A patient's health information contained in the provider's record is confidential and may not be disclosed without the patient's authorization except under specified conditions. However, the patient is entitled to inspect and have a copy of the health record, and can authorize others to receive it.

A health provider may disclose directory information except where the patient objects. Directory information includes the presence and general health condition of the patient.

A health care provider may charge a reasonable fee for copying a patient's health record, not to exceed actual costs, but not higher than the fee that clerks of the Superior Court charge for copying, that is \$2 for the first page and \$1 for each additional page. In addition, where the certification of a record is requested, there is an additional fee of \$2. Where editing of a record by a health provider is required by statute and is done by the provider personally, the fee may be the usual and customary charge for a basic office visit.

There is no definition of third-party health care payor provided in this chapter of the law.

Hospitals are not authorized to release patient information in cases of public record.

Patients may authorize the disclosure of their health records but the authorization is limited to a period of 90 days.

The Uniform Health Information Act does not govern access to patient health information under the mental health treatment law.

Summary of Bill: Directory information includes, for the purpose of identification, the name, residence, and sex of the patient.

The reasonable fee a health provider may charge for searching and duplicating health information contained in a patient's record cannot exceed 65 cents per page for the first 30 pages, and thereafter 50 cents per page, including a \$15 clerical fee. The fees are to be adjusted biennially for inflation according to the Consumer Price Index.

A third-party payor is defined to include insurers, health care service contractors, health maintenance organizations, and employee welfare benefit plans.

Hospitals or health care providers are authorized to release information in cases reported specifically by fire, police, sheriff or other public authority regarding the name, residence, sex, age, occupation, condition, diagnosis or extent and location of injuries of the patient, and whether the patient was conscious when admitted.

The 90-day disclosure period of a health record in accordance with a patient's authorization may be extended in two circumstances: (1) when pursuant to an agreement with an alcohol/drug treatment program for monitoring the

treatment of an addicted provider; or (2) pursuant to an agreement with a professional disciplinary authority.

A deceased mental health patient's representative may have access to mental health records in the same manner as health records under the Uniform Health Information Act. The Department of Health may have access to mental health records for the purpose of determining compliance with state or federal licensure laws, consistent with the Uniform Health Information Act. The Uniform Health Information Act governs the state's mental health law unless there is an express conflict.

Fiscal Note: Available.

Effective Date: The bill contains an emergency clause and takes effect on July 1, 1993.

Testimony For: These changes are necessary to clarify the rights and responsibilities of patients, health care providers and third-parties under the state's recently enacted Uniform Health Information Act. Copying fees charged under current law are over 60 percent higher than they were before the law was enacted. Insurers are confused about the law's application to them. The media wish to clarify their right to access information that was available before the enactment of this law.

Testimony Against: In the original bill, the reasonable fee limit of 25 cents a page for copying did not meet actual costs of duplicating, and was not in accord with current practice.

Witnesses: Robb Menaul and Terry Wiesman, Washington State Hospital Association (con); David Hanig, Department of Social and Health Services; Jean Leonard, State Farm Insurance and Washington Insurers; Becky Bogard, Washington Association of Broadcasters (pro); Roland Thompson, Allied Daily Newspapers (pro); Carl Nelson, Washington State Medical Association (con); and Jeff Goodwin, Goodwin Attorney Services (pro).