### 26:2H-5n and 45:9-22.27 LEGISLATIVE HISTORY CHECKLIST

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**LAWS OF**: 2022 **CHAPTER**: 114

**NJSA:** 26:2H-5n and 45:9-22.27

(Limits fees charged for copies of medical and billing records.)

BILL NO: S2253 (Substituted for A3656 (1R))

**SPONSOR(S)** Nicholas P. Scutari and others

**DATE INTRODUCED:** 3/8/2022

COMMITTEE: ASSEMBLY: ---

**SENATE:** Health, Human Services and Senior Citizens

AMENDED DURING PASSAGE: Yes

**DATE OF PASSAGE:** ASSEMBLY: 6/29/2022

**SENATE:** 6/29/2022

DATE OF APPROVAL: 9/22/2022

**FOLLOWING ARE ATTACHED IF AVAILABLE:** 

FINAL TEXT OF BILL (First Reprint enacted)
Yes

S2253

INTRODUCED BILL: (Includes sponsor(s) statement) Yes

COMMITTEE STATEMENT: ASSEMBLY: No

**SENATE**: Yes

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: Yes

LEGISLATIVE FISCAL ESTIMATE: No

A3656 (1R)

INTRODUCED BILL: (Includes sponsor(s) statement) Yes

COMMITTEE STATEMENT: ASSEMBLY: Yes

SENATE: No

(Audio archived recordings of the committee meetings, corresponding to the date of the committee statement, *may possibly* be found at www.njleg.state.nj.us)

FLOOR AMENDMENT STATEMENT: Yes

LEGISLATIVE FISCAL ESTIMATE: No

VETO MESSAGE:	No
GOVERNOR'S PRESS RELEASE ON SIGNING:	Yes
FOLLOWING WERE PRINTED:  To check for circulating copies, contact New Jersey State Publications at the State Library (609) 278-2640 ext.103 o	
REPORTS:	No
HEARINGS:	No
NEWSPAPER ARTICLES:	No

end

### P.L. 2022, CHAPTER 114, approved September 22, 2022 Senate, No. 2253 (First Reprint)

1 AN ACT concerning patient records and amending P.L.2019, c.217.

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**BE IT ENACTED** by the Senate and General Assembly of the State of New Jersey:

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- 1. Section 1 of P.L.2019, c.217 (C.26:2H-5n) is amended to read as follows:
- 8 1. a. Except as provided in subsection d. of this section, if a 9 patient of a general, special, or psychiatric hospital licensed 10 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) [or of a Statelicensed health care professional], the patient's legally authorized 11 12 representative, or an authorized third party requests, in writing, a copy of <sup>1</sup>[the patient's medical] individual admission <sup>1</sup> records, the 13 hospital [or the health care professional] shall provide a legible 14 15 paper or electronic reproduction of the requested records within the 16 dates requested to the patient, the patient's legally authorized 17 representative, or the authorized third party within 30 days of the 18 request, in accordance with the following:
  - (1) (a) For a request by a patient or the patient's legally authorized representative for a medical record, whether such record is stored electronically, on microfilm or microfiche, or on paper, the fee for reproducing the record shall not exceed \$1 per page or \$50 per individual admission record, whichever is less. The fee for reproducing a medical record shall not exceed \$50 per individual admission or patient record, "[inclusive] exclusive1 of any additional fees specified in paragraph (3) of this subsection;
  - (b) If a patient requests a copy of the patient's own medical records in accordance with the federal "Health Insurance Portability and Accountability Act of 1996," Pub.L.104-191, the requirements provided under 45 C.F.R. 164.524(b) with respect to the time required to respond to such requests and the applicable fees shall apply; [and]
  - (c) A hospital **[**or a health care professional**]** shall not charge any fee to provide an electronic or paper reproduction of a billing record requested by a patient, <u>or</u> a patient's legally authorized representative **[**, or an authorized third party**]**:
  - (d) For a request by an authorized third party, the fee for reproducing medical and billing records that are not stored on microfilm or microfiche shall be no more than \$1 per page, and the

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

fee for reproducing records stored on microfilm or microfiche shall
 be \$1.50 per image; and

- (e) A fee for the reproduction of x-rays or any other material that cannot be routinely copied or duplicated on a commercial photocopy machine, which shall be no more than \$15 per printed image or \$30 per compact disc (CD) or digital video disc (DVD), plus an administrative fee of \$10.
- (2) Delivery of an electronic reproduction of a patient's medical or billing record shall be required only if:
- (a) the entire request can be reproduced from an electronic health record system;
- (b) the record is specifically requested to be delivered in electronic format; and
  - (c) the record can be delivered electronically.
- (3) In addition to per-page fees, a hospital [or a health care professional] shall apply the following charges <sup>1</sup>[, provided that the total fees charged per individual admission record or patient record do not exceed \$50] for patients <sup>1</sup>[and], patients' legally authorized representatives <sup>1</sup>, and authorized third parties <sup>1</sup>:
- (a) a search fee of no more than **[**\$10**]** <u>\$20</u> per request; provided that no search fee shall be charged to a patient who is requesting the patient's own record. If a search fee may be charged under this subparagraph, the fee shall apply even if no medical records are found as a result of the search;
- (b) **[**a fee for the reproduction of x-rays or any other material that cannot be routinely copied or duplicated on a commercial photocopy machine, which shall be no more than \$15 per printed image or \$30 per compact disc (CD) or digital video disc (DVD), plus an administrative fee of \$10; **]** (deleted by amendment, P.L., c.) (pending before the Legislature as this bill)
- (c) a fee for certification of a copy of a medical record of no more than \$10 per certification; and
- (d) costs for delivering records in any medium, plus sales tax, if applicable.
- (4) The fees established in this subsection shall be charged for electronic reproductions as well as paper copies of medical records.
- (5) The hospital [or the health care professional] shall establish a policy assuring access to copies of medical records for patients who do not have the ability to pay for the copies.
- (6) The hospital **[**or the health care professional **]** shall establish a fee policy providing an incentive for the use of abstracts or summaries of medical records; however, a patient **[**, **]** and a patient's legally authorized representative **[**, or an authorized third party **]** shall have the right to receive a full or certified copy of the medical record.

- (7) Subject to the requirements of paragraph (2) of this subsection, medical and billing records shall be delivered in the manner specified by the requestor, which may include, but shall not be limited to, mailing the record to any address or faxing the record to any number specified by the requestor, including the requestor's attorney. Subject to the requirements of federal law, the method of delivery specified by a requestor shall not affect the fees that would ordinarily apply to the request under paragraphs (1) and (3) of this subsection, subject to any policies established pursuant to paragraphs (5) and (6) of this subsection and subject to the provisions of subsections c. and d. of this section.
  - b. Access to a copy of a patient's medical record shall be limited only to the extent necessary to protect the patient. The patient's attending physician shall provide a verbal explanation for any denial of access to the patient, legally authorized representative, or authorized third party, and shall document the denial and explanation in the medical record. In the event that direct access to a copy by the patient is medically contraindicated, as documented by a physician in the patient's medical record, the hospital [or the health care professional] shall not limit access to the record to a legally authorized representative of the patient, an authorized third party, or the patient's attending physician.
  - c. A hospital [or a health care professional] shall not assess any fees or charges for a copy of <sup>1</sup>[a patient's medical] <u>individual</u> <u>admission</u> <sup>1</sup> records as provided herein other than those provided for in this section.
    - d. The fees authorized by this section shall not be imposed on:
- (1) A patient who does not have the ability to pay and who presents either: (a) a statement certifying to annual income at or below 250 percent of the federal poverty level; or (b) proof of eligibility for, or enrollment in, a State or federal assistance program including, but not limited to: the federal Supplemental Nutrition Assistance Program established pursuant to the "Food and Nutrition Act of 2008," Pub.L.110-246 (7 U.S.C. s.2011 et seq.); the federal Supplemental Security Income program established pursuant to Title XVI of the federal Social Security Act, Pub.L.92-603 (42 U.S.C. s.1381 et seq.); the National School Lunch Program established pursuant to the "Richard B. Russell National School Lunch Act," Pub.L.79-396 (42 U.S.C. s.1751 et seq.); the federal special supplemental food program for women, infants, and children established pursuant to Pub.L.95-627 (42 U.S.C. s.1786); the State Medicaid program established pursuant to the "New Jersey Medical Assistance and Health Services Act," P.L.1968, c.413 (C.30:4D-1 et seq.); the NJ FamilyCare Program established pursuant to the "Family Health Care Coverage Act," P.L.2005, c.156 (C.30:4J-8 et al.); the Work First New Jersey program established pursuant to the "Work First New Jersey Act," P.L.1997, c.38 (C.44:10-55 et seq.);

- the New Jersey Supplementary Food Stamp Program established pursuant to the "New Jersey Supplementary Food Stamp Program Act," P.L.1998, c.32 (C.44:10-79 et seq.); any successor program; or any other State or federal assistance program now or hereafter established by law;
  - (2) A not-for-profit corporation indicating in writing that it is representing a patient;
    - (3) A health care practitioner;

- (4) An attorney representing a patient on a pro bono basis, provided that the attorney submits with the request a certification that the attorney is representing the patient on a pro bono basis. An attorney representing a patient on a contingency fee basis shall be assessed the ordinary fees to obtain a copy of <sup>1</sup>[the patient's medical] individual admission <sup>1</sup> records; or
- (5) A patient or an attorney representing a patient who has a pending application for, or is currently receiving, federal Social Security disability benefits provided under Title II or Title XVI of the federal Social Security Act, Pub.L.92-603 (42 U.S.C. s.1351 et al.).
  - e. As used in this section:

"Authorized third party" means a third party, who is not a legally authorized representative of the patient, with a valid authorization, subpoena, legal process, or court order granting access to a patient's medical or billing records.

["Health care professional" means an individual who, acting within the scope of the individual's licensure or certification, provides health care services, and includes, but is not limited to, a physician, dentist, nurse, pharmacist, or other health care professional whose professional practice is regulated pursuant to Title 45 of the Revised Statutes.]

"Legally authorized representative" means: the patient's spouse, domestic partner, or civil union partner; the patient's immediate next of kin; the patient's legal guardian; the patient's attorney; the patient's <sup>1</sup>[third party] automobile insurer; or the patient's worker's compensation carrier, if the carrier is authorized to access to the patient's treatment or billing records by contract or law, provided that access by a worker's compensation carrier shall be limited only to that portion of the treatment or billing record that is relevant to the specific work-related incident at issue in the worker's compensation claim.

41 (cf: P.L.2021, c.427, s.1)

2. Section 2 of P.L.2019, c.217 (C.45:9-22.27) is amended to read as follows:

2. A person licensed to practice a health care profession regulated by the State Board of Medical Examiners shall provide copies of professional treatment and billing records, including

treatment records from other health care providers that are part of a patient's record, to a patient, the patient's legally authorized representative, or an authorized third party in accordance with the following:

- a. No later than 30 days after receipt of a request from a patient, a patient's legally authorized representative, or an authorized third party, the licensee shall provide an electronic copy or photocopy of the professional treatment records, billing records, or both, as requested. The record shall include all pertinent, objective data, including test results and x-ray results, as applicable, and subjective information.
- b. Unless otherwise required by law, a licensee may elect to provide a summary of the record in lieu of providing the electronic copy or photocopy required pursuant to subsection a. of this section, provided that the summary adequately reflects the patient's history and treatment. A licensee may charge a reasonable fee for the preparation of a summary that has been provided in lieu of the actual record, which shall not exceed the cost that would be charged for the actual record pursuant to subsection d. of this section; however, a patient, a patient's legally authorized representative, or an authorized third party shall have the right to receive a full or certified copy of the patient's treatment record. The fee for certification shall be no more than \$10 per certification.
  - c. If, in the exercise of the licensee's professional judgment, a licensee has reason to believe that the patient's mental or physical condition will be adversely affected upon being made aware of the subjective information contained in the professional treatment record or a summary of the record, the licensee may refuse to provide the record or summary to the patient. The licensee shall include in the record a notice setting forth the reasons for the original refusal. The licensee shall, however, provide a copy of the record or summary upon request to:
    - (1) the patient's attorney;
    - (2) another licensed health care professional;
- 35 (3) the patient's health insurance carrier through an employee 36 thereof;
  - (4) a governmental reimbursement program or an agent thereof, with responsibility to review utilization or quality of care; or
    - (5) an authorized third party.
  - d. A licensee may require a record request to be in writing and, except as provided in subsection j. of this section, may charge a fee for:
- (1) (a) A request by a patient or a patient's legally authorized representative for the reproduction of patient treatment and billing records, which shall be no more than \$1 per page or [\$200] \$50 for the entire record, whichever is less, [except that, for records stored on microfilm or microfiche, the reproduction fee shall be no more

than \$1.50 per image or \$200 for the entire record, whichever is less and regardless of whether such record is stored electronically, on microfilm or microfiche, or on paper; and

- (b) A request by an authorized third party for the reproduction of patient treatment and billing records, which shall be no more than \$1 per page or, in the case of records stored on microfilm or microfiche, no more than \$1.50 per image;
- (2) The reproduction of x-rays or any other material within a patient treatment record that cannot be routinely copied or duplicated on a commercial photocopy machine, which shall be no more than \$15 per printed image or \$30 per compact disc (CD) or digital video disc (DVD), plus an administrative fee of \$10;
- (3) A search for records, which search fee shall be no more than **[**\$10**]** \$20 per request; provided that no search fee shall be charged to a patient requesting the patient's own records. A search fee that may be charged pursuant to this paragraph shall apply even if no individual treatment or billing record is found as a result of the search; and
- (4) The costs for delivering records in any medium, plus sales tax, if applicable.

A licensee shall not assess any fees or charges for a copy of a patient's treatment or billing records as provided herein other than those provided for in this section.

- e. The fees established in subsection d. of this section shall be charged for electronic copies as well as paper copies of treatment and billing records.
- f. Delivery of an electronic copy of a patient treatment or billing record to the requestor shall be required only if: (1) the entire request can be reproduced from an electronic health record system; (2) the record is specifically requested to be delivered in electronic format; and (3) the record can be delivered electronically.
- g. A licensee shall not charge a patient for a copy of the patient's treatment or billing record when:
- (1) the licensee has affirmatively terminated a patient from practice in accordance with the requirements of N.J.A.C.13:35-6.22; or
- (2) the licensee leaves a practice that the licensee was formerly a member of, or associated with, and the patient requests that the patient's medical care continue to be provided by that licensee.
- h. If the patient or a subsequent treating health care professional is unable to read the treatment record, either because it is illegible or prepared in a language other than English, the licensee shall provide a transcription or translation, as applicable, at no cost to the patient.
- i. The licensee shall not refuse to provide a professional treatment record on the grounds that the patient owes the licensee

an unpaid balance if the record is needed by another health care professional for the purpose of rendering care.

- The fees authorized by this section shall not be imposed on:
- 4 (1) A patient who does not have the ability to pay and who 5 presents either: (a) a statement certifying to annual income at or below 250 percent of the federal poverty level; or (b) proof of 6 7 eligibility for, or enrollment in, a State or federal assistance 8 program including, but not limited to: the federal Supplemental 9 Nutrition Assistance Program established pursuant to the "Food and 10 Nutrition Act of 2008," Pub.L.110-246 (7 U.S.C. s.2011 et seq.); the federal Supplemental Security Income program established 11 12 pursuant to Title XVI of the federal Social Security Act, Pub.L.92-603 (42 U.S.C. s.1381 et seq.); the National School Lunch Program 13 14 established pursuant to the "Richard B. Russell National School 15 Lunch Act," Pub.L.79-396 (42 U.S.C. s.1751 et seq.); the federal 16 special supplemental food program for women, infants, and children 17 established pursuant to Pub.L.95-627 (42 U.S.C. s.1786); the State 18 Medicaid program established pursuant to the "New Jersey Medical Assistance and Health Services Act," P.L.1968, c.413 (C.30:4D-1 et 19 20 seq.); the NJ FamilyCare Program established pursuant to the 21 "Family Health Care Coverage Act," P.L.2005, c.156 (C.30:4J-8 et 22 al.); the Work First New Jersey program established pursuant to the 23 "Work First New Jersey Act," P.L.1997, c.38 (C.44:10-55 et seq.); 24 the New Jersey Supplementary Food Stamp Program established 25 pursuant to the "New Jersey Supplementary Food Stamp Program 26 Act," P.L.1998, c.32 (C.44:10-79 et seq.); any successor program; 27 or any other State or federal assistance program now or hereafter 28 established by law;
  - (2) A not-for-profit corporation indicating in writing that it is representing a patient;
  - (3) An attorney representing a patient on a pro bono basis, provided that the attorney submits with the request a certification that the attorney is representing the patient on a pro bono basis. An attorney representing a patient on a contingency fee basis shall be assessed the ordinary fees to obtain a copy of the patient's records; or
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- (4) A patient or an attorney representing a patient who has a pending application for, or is currently receiving, federal Social Security disability benefits provided under Title II or Title XVI of the federal Social Security Act, Pub.L.92-603 (42 U.S.C. s.1351 et al.).
- 42 k. As used in this section:
- 43 "Authorized third party" means a third party, who is not a legally 44 authorized representative of the patient, with a valid authorization, 45 subpoena, or court order granting access to a patient's treatment or 46 billing records.

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"Legally authorized representative" means: the patient's spouse, domestic partner, or civil union partner; the patient's immediate next of kin; the patient's legal guardian; the patient's attorney; the patient's <sup>1</sup> [third party] <sup>1</sup> automobile insurer; or the patient's worker's compensation carrier, if the carrier is authorized to access to the patient's treatment or billing records by contract or law, provided that access by a worker's compensation carrier shall be limited only to that portion of the treatment or billing record that is relevant to the specific work-related incident at issue in the worker's compensation claim.

1. Subject to the requirements of subsection f. of this section, medical and billing records shall be delivered in the manner specified by the requestor, which may include, but shall not be limited to, mailing the record to any address or faxing the record to any number specified by the requestor, including the requestor's attorney. Subject to the requirements of federal law, the method of delivery specified by a requestor shall not affect the fees that would ordinarily apply to the request under subsections b. and d. of this section, subject to the provisions of subsections g. and j. of this section.

(cf: P.L.2021, c.359, s.2)

3. This act shall take effect immediately.

Limits fees charged for copies of medical and billing records.

# SENATE, No. 2253

# STATE OF NEW JERSEY

## 220th LEGISLATURE

INTRODUCED MARCH 8, 2022

**Sponsored by:** 

Senator NICHOLAS P. SCUTARI

**District 22 (Middlesex, Somerset and Union)** 

**Senator NELLIE POU** 

**District 35 (Bergen and Passaic)** 

Co-Sponsored by: Senator Cruz-Perez

### SYNOPSIS

Limits fees charged for copies of medical and billing records.

### **CURRENT VERSION OF TEXT**

As introduced.



(Sponsorship Updated As Of: 6/16/2022)

1 AN ACT concerning patient records and amending P.L.2019, c.217.

**BE IT ENACTED** by the Senate and General Assembly of the State of New Jersey:

- 1. Section 1 of P.L.2019, c.217 (C.26:2H-5n) is amended to read as follows:
- 1. a. Except as provided in subsection d. of this section, if a patient of a general, special, or psychiatric hospital licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) [or of a Statelicensed health care professional], the patient's legally authorized representative, or an authorized third party requests, in writing, a copy of the patient's medical records, the hospital [or the health care professional] shall provide a legible paper or electronic reproduction of the requested records within the dates requested to the patient, the patient's legally authorized representative, or the authorized third party within 30 days of the request, in accordance with the following:
  - (1) (a) For a request by a patient or the patient's legally authorized representative for a medical record, whether such record is stored electronically, on microfilm or microfiche, or on paper, the fee for reproducing the record shall not exceed \$1 per page or \$50 per individual admission record, whichever is less. The fee for reproducing a medical record shall not exceed \$50 per individual admission or patient record, inclusive of any additional fees specified in paragraph (3) of this subsection;
  - (b) If a patient requests a copy of the patient's own medical records in accordance with the federal "Health Insurance Portability and Accountability Act of 1996," Pub.L.104-191, the requirements provided under 45 C.F.R. 164.524(b) with respect to the time required to respond to such requests and the applicable fees shall apply; [and]
- (c) A hospital **[**or a health care professional **]** shall not charge any fee to provide an electronic or paper reproduction of a billing record requested by a patient, <u>or</u> a patient's legally authorized representative **[**, or an authorized third party **]**;
- (d) For a request by an authorized third party, the fee for reproducing medical and billing records that are not stored on microfilm or microfiche shall be no more than \$1 per page, and the fee for reproducing records stored on microfilm or microfiche shall be \$1.50 per image; and
- 42 (e) A fee for the reproduction of x-rays or any other material that 43 cannot be routinely copied or duplicated on a commercial 44 photocopy machine, which shall be no more than \$15 per printed

- image or \$30 per compact disc (CD) or digital video disc (DVD),
   plus an administrative fee of \$10.
  - (2) Delivery of an electronic reproduction of a patient's medical or billing record shall be required only if:
  - (a) the entire request can be reproduced from an electronic health record system;
  - (b) the record is specifically requested to be delivered in electronic format; and
    - (c) the record can be delivered electronically.

- (3) In addition to per-page fees, a hospital [or a health care professional] shall apply the following charges, provided that the total fees charged per individual admission record or patient record do not exceed \$50 for patients and patients' legally authorized representatives:
- (a) a search fee of no more than **[**\$10**]** <u>\$20</u> per request; provided that no search fee shall be charged to a patient who is requesting the patient's own record. If a search fee may be charged under this subparagraph, the fee shall apply even if no medical records are found as a result of the search;
- (b) **[**a fee for the reproduction of x-rays or any other material that cannot be routinely copied or duplicated on a commercial photocopy machine, which shall be no more than \$15 per printed image or \$30 per compact disc (CD) or digital video disc (DVD), plus an administrative fee of \$10; **]** (deleted by amendment, P.L., c.) (pending before the Legislature as this bill)
- (c) a fee for certification of a copy of a medical record of no more than \$10 per certification; and
- (d) costs for delivering records in any medium, plus sales tax, if applicable.
- (4) The fees established in this subsection shall be charged for electronic reproductions as well as paper copies of medical records.
- (5) The hospital [or the health care professional] shall establish a policy assuring access to copies of medical records for patients who do not have the ability to pay for the copies.
- (6) The hospital **[**or the health care professional **]** shall establish a fee policy providing an incentive for the use of abstracts or summaries of medical records; however, a patient **[**, **]** and a patient's legally authorized representative **[**, or an authorized third party **]** shall have the right to receive a full or certified copy of the medical record.
- (7) Subject to the requirements of paragraph (2) of this subsection, medical and billing records shall be delivered in the manner specified by the requestor, which may include, but shall not be limited to, mailing the record to any address or faxing the record to any number specified by the requestor, including the requestor's attorney. Subject to the requirements of federal law, the method of delivery specified by

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1 a requestor shall not affect the fees that would ordinarily apply to the 2 request under paragraphs (1) and (3) of this subsection, subject to any 3 policies established pursuant to paragraphs (5) and (6) of this 4 subsection and subject to the provisions of subsections c. and d. of this 5 section.

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- b. Access to a copy of a patient's medical record shall be limited only to the extent necessary to protect the patient. The patient's attending physician shall provide a verbal explanation for any denial of access to the patient, legally authorized representative, or authorized third party, and shall document the denial and explanation in the medical record. In the event that direct access to a copy by the patient is medically contraindicated, as documented by a physician in the patient's medical record, the hospital [or the health care professional shall not limit access to the record to a legally authorized representative of the patient, an authorized third party, or the patient's attending physician.
- A hospital [or a health care professional] shall not assess any fees or charges for a copy of a patient's medical records as provided herein other than those provided for in this section.
  - The fees authorized by this section shall not be imposed on:
- 20 21 (1) A patient who does not have the ability to pay and who 22 presents either: (a) a statement certifying to annual income at or 23 below 250 percent of the federal poverty level; or (b) proof of 24 eligibility for, or enrollment in, a State or federal assistance 25 program including, but not limited to: the federal Supplemental Nutrition Assistance Program established pursuant to the "Food and 26 27 Nutrition Act of 2008," Pub.L.110-246 (7 U.S.C. s.2011 et seq.); 28 the federal Supplemental Security Income program established 29 pursuant to Title XVI of the federal Social Security Act, Pub.L.92-30 603 (42 U.S.C. s.1381 et seq.); the National School Lunch Program 31 established pursuant to the "Richard B. Russell National School 32 Lunch Act," Pub.L.79-396 (42 U.S.C. s.1751 et seq.); the federal 33 special supplemental food program for women, infants, and children 34 established pursuant to Pub.L.95-627 (42 U.S.C. s.1786); the State Medicaid program established pursuant to the "New Jersey Medical 35 36 Assistance and Health Services Act," P.L.1968, c.413 (C.30:4D-1 et 37 seq.); the NJ FamilyCare Program established pursuant to the 38 "Family Health Care Coverage Act," P.L.2005, c.156 (C.30:4J-8 et 39 al.); the Work First New Jersey program established pursuant to the 40 "Work First New Jersey Act," P.L.1997, c.38 (C.44:10-55 et seq.); 41 the New Jersey Supplementary Food Stamp Program established 42 pursuant to the "New Jersey Supplementary Food Stamp Program 43 Act," P.L.1998, c.32 (C.44:10-79 et seq.); any successor program; 44 or any other State or federal assistance program now or hereafter 45 established by law;

- 1 (2) A not-for-profit corporation indicating in writing that it is representing a patient;
  - (3) A health care practitioner;

- (4) An attorney representing a patient on a pro bono basis, provided that the attorney submits with the request a certification that the attorney is representing the patient on a pro bono basis. An attorney representing a patient on a contingency fee basis shall be assessed the ordinary fees to obtain a copy of the patient's medical records; or
- (5) A patient or an attorney representing a patient who has a pending application for, or is currently receiving, federal Social Security disability benefits provided under Title II or Title XVI of the federal Social Security Act, Pub.L.92-603 (42 U.S.C. s.1351 et al.).
  - e. As used in this section:

"Authorized third party" means a third party, who is not a legally authorized representative of the patient, with a valid authorization, subpoena, legal process, or court order granting access to a patient's medical or billing records.

["Health care professional" means an individual who, acting within the scope of the individual's licensure or certification, provides health care services, and includes, but is not limited to, a physician, dentist, nurse, pharmacist, or other health care professional whose professional practice is regulated pursuant to Title 45 of the Revised Statutes.]

"Legally authorized representative" means: the patient's spouse, domestic partner, or civil union partner; the patient's immediate next of kin; the patient's legal guardian; the patient's attorney; the patient's third party <u>automobile</u> insurer; or the patient's worker's compensation carrier, if the carrier is authorized to access to the patient's treatment or billing records by contract or law, provided that access by a worker's compensation carrier shall be limited only to that portion of the treatment or billing record that is relevant to the specific work-related incident at issue in the worker's compensation claim.

35 (cf: P.L.2021, c.427, s.1)

2. Section 2 of P.L.2019, c.217 (C.45:9-22.27) is amended to read as follows:

- 2. A person licensed to practice a health care profession regulated by the State Board of Medical Examiners shall provide copies of professional treatment and billing records, including treatment records from other health care providers that are part of a patient's record, to a patient, the patient's legally authorized representative, or an authorized third party in accordance with the following:
- a. No later than 30 days after receipt of a request from a patient, a patient's legally authorized representative, or an authorized third party,

the licensee shall provide an electronic copy or photocopy of the professional treatment records, billing records, or both, as requested. The record shall include all pertinent, objective data, including test results and x-ray results, as applicable, and subjective information.

- b. Unless otherwise required by law, a licensee may elect to provide a summary of the record in lieu of providing the electronic copy or photocopy required pursuant to subsection a. of this section, provided that the summary adequately reflects the patient's history and treatment. A licensee may charge a reasonable fee for the preparation of a summary that has been provided in lieu of the actual record, which shall not exceed the cost that would be charged for the actual record pursuant to subsection d. of this section; however, a patient, a patient's legally authorized representative, or an authorized third party shall have the right to receive a full or certified copy of the patient's treatment record. The fee for certification shall be no more than \$10 per certification.
- c. If, in the exercise of the licensee's professional judgment, a licensee has reason to believe that the patient's mental or physical condition will be adversely affected upon being made aware of the subjective information contained in the professional treatment record or a summary of the record, the licensee may refuse to provide the record or summary to the patient. The licensee shall include in the record a notice setting forth the reasons for the original refusal. The licensee shall, however, provide a copy of the record or summary upon request to:
  - (1) the patient's attorney;

- (2) another licensed health care professional;
- (3) the patient's health insurance carrier through an employee thereof;
- (4) a governmental reimbursement program or an agent thereof, with responsibility to review utilization or quality of care; or
  - (5) an authorized third party.
- d. A licensee may require a record request to be in writing and, except as provided in subsection j. of this section, may charge a fee for:
- (1) (a) A request by a patient or a patient's legally authorized representative for the reproduction of patient treatment and billing records, which shall be no more than \$1 per page or [\$200] \$50 for the entire record, whichever is less, [except that, for records stored on microfilm or microfiche, the reproduction fee shall be no more than \$1.50 per image or \$200 for the entire record, whichever is less] and regardless of whether such record is stored electronically, on microfilm or microfiche, or on paper; and
- (b) A request by an authorized third party for the reproduction of patient treatment and billing records, which shall be no more than \$1

per page or, in the case of records stored on microfilm or microfiche, no more than \$1.50 per image;

- (2) The reproduction of x-rays or any other material within a patient treatment record that cannot be routinely copied or duplicated on a commercial photocopy machine, which shall be no more than \$15 per printed image or \$30 per compact disc (CD) or digital video disc (DVD), plus an administrative fee of \$10;
- (3) A search for records, which search fee shall be no more than **[**\$10**]** \$20 per request; provided that no search fee shall be charged to a patient requesting the patient's own records. A search fee that may be charged pursuant to this paragraph shall apply even if no individual treatment or billing record is found as a result of the search; and
- (4) The costs for delivering records in any medium, plus sales tax, if applicable.

A licensee shall not assess any fees or charges for a copy of a patient's treatment or billing records as provided herein other than those provided for in this section.

- e. The fees established in subsection d. of this section shall be charged for electronic copies as well as paper copies of treatment and billing records.
- f. Delivery of an electronic copy of a patient treatment or billing record to the requestor shall be required only if: (1) the entire request can be reproduced from an electronic health record system; (2) the record is specifically requested to be delivered in electronic format; and (3) the record can be delivered electronically.
- g. A licensee shall not charge a patient for a copy of the patient's treatment or billing record when:
- (1) the licensee has affirmatively terminated a patient from practice in accordance with the requirements of N.J.A.C.13:35-6.22; or
- (2) the licensee leaves a practice that the licensee was formerly a member of, or associated with, and the patient requests that the patient's medical care continue to be provided by that licensee.
- h. If the patient or a subsequent treating health care professional is unable to read the treatment record, either because it is illegible or prepared in a language other than English, the licensee shall provide a transcription or translation, as applicable, at no cost to the patient.
- i. The licensee shall not refuse to provide a professional treatment record on the grounds that the patient owes the licensee an unpaid balance if the record is needed by another health care professional for the purpose of rendering care.
  - j. The fees authorized by this section shall not be imposed on:
- (1) A patient who does not have the ability to pay and who presents either: (a) a statement certifying to annual income at or below 250 percent of the federal poverty level; or (b) proof of eligibility for, or enrollment in, a State or federal assistance program including, but not limited to: the federal Supplemental Nutrition Assistance Program

- 1 established pursuant to the "Food and Nutrition Act of 2008,"
- 2 Pub.L.110-246 (7 U.S.C. s.2011 et seq.); the federal Supplemental
- 3 Security Income program established pursuant to Title XVI of the
- 4 federal Social Security Act, Pub.L.92-603 (42 U.S.C. s.1381 et seq.);
- 5 the National School Lunch Program established pursuant to the
- 6 "Richard B. Russell National School Lunch Act," Pub.L.79-396 (42
- 7 U.S.C. s.1751 et seq.); the federal special supplemental food program
- 8 for women, infants, and children established pursuant to Pub.L.95-627
- 9 (42 U.S.C. s.1786); the State Medicaid program established pursuant
- 10 to the "New Jersey Medical Assistance and Health Services Act,"
- 11 P.L.1968, c.413 (C.30:4D-1 et seq.); the NJ FamilyCare Program
- established pursuant to the "Family Health Care Coverage Act,"
- 13 P.L.2005, c.156 (C.30:4J-8 et al.); the Work First New Jersey program
- established pursuant to the "Work First New Jersey Act," P.L.1997,
- 15 c.38 (C.44:10-55 et seq.); the New Jersey Supplementary Food Stamp
- Program established pursuant to the "New Jersey Supplementary Food
- 17 Stamp Program Act," P.L.1998, c.32 (C.44:10-79 et seq.); any
- 18 successor program; or any other State or federal assistance program
- 19 now or hereafter established by law;

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- (2) A not-for-profit corporation indicating in writing that it is representing a patient;
- (3) An attorney representing a patient on a pro bono basis, provided that the attorney submits with the request a certification that the attorney is representing the patient on a pro bono basis. An attorney representing a patient on a contingency fee basis shall be assessed the ordinary fees to obtain a copy of the patient's records; or
- (4) A patient or an attorney representing a patient who has a pending application for, or is currently receiving, federal Social Security disability benefits provided under Title II or Title XVI of the federal Social Security Act, Pub.L.92-603 (42 U.S.C. s.1351 et al.).
  - k. As used in this section:
- "Authorized third party" means a third party, who is not a legally authorized representative of the patient, with a valid authorization, subpoena, or court order granting access to a patient's treatment or billing records.
- "Legally authorized representative" means: the patient's spouse, domestic partner, or civil union partner; the patient's immediate next of kin; the patient's legal guardian; the patient's attorney; the patient's third party automobile insurer; or the patient's worker's compensation carrier, if the carrier is authorized to access to the patient's treatment or billing records by contract or law, provided that access by a worker's compensation carrier shall be limited only to that portion of the treatment or billing record that is relevant to the specific work-related incident at issue in the worker's compensation claim.
- 1. Subject to the requirements of subsection f. of this section, medical and billing records shall be delivered in the manner specified by the requestor, which may include, but shall not be limited to,

### S2253 SCUTARI, POU

mailing the record to any address or faxing the record to any number specified by the requestor, including the requestor's attorney. Subject to the requirements of federal law, the method of delivery specified by a requestor shall not affect the fees that would ordinarily apply to the request under subsections b. and d. of this section, subject to the provisions of subsections g. and j. of this section.

(cf: P.L.2021, c.359, s.2)

3. This act shall take effect immediately.

#### **STATEMENT**

This bill amends the current law concerning the fees that may be charged for copies of medical and billing records. A summary of the amendments to the law pertaining to health care facilities and the amendments to the law pertaining to health care professionals is outlined below.

### **Health Care Facilities**

 The bill provides that a current prohibition against a hospital charging a fee to provide an electronic or paper reproduction of a billing record to certain parties will apply to requests by a patient or a patient's legally authorized representative for the record, but will not apply to requests by authorized third parties, which are entities authorized to access the record but are not actually representing the patient. For a request by an authorized third party, the fee for reproducing medical and billing records that are not stored on microfilm or microfiche is to be no more than \$1 per page, and the fee for reproducing records stored on microfilm or microfiche is to be \$1.50 per image.

The bill revises the authorized search fee for patient records from no more than \$10 per request to no more than \$20 per request. As is provided under current law, no search fee may be charged to a patient who is requesting the patient's own record.

Current law provides that the total fees charged for a record may not exceed \$50; the bill clarifies that this cap only applies to records requested by a patient or the patient's legally authorized representative.

The bill clarifies the current definition of "authorized third party" to clarify that the term means a third party who is not a legally authorized representative of the patient. The bill additionally revises the definition of "legally authorized representative" to clarify that the term "insurer" under the definition means an automobile insurer.

### S2253 SCUTARI, POU

The bill removes references to "health care professionals" from section 1 of P.L.2019, c.217 (C.26:2H-5n), as health care professionals are more properly regulated under other chapters of the statutory law.

#### **Health Care Professionals**

The bill revises the requirements concerning the fees that may be charged professional treatment and billing records to reduce the current per-page fee cap of \$200 to \$50, and provides that the revised cap applies regardless of the method used to store the record. The bill additionally revises the authorized fee of up to \$10 per search for of patient treatment and billing records to no more than \$20 per request. As provided under current law, no search fee is to be charged to a patient requesting the patient's own records.

The bill clarifies that the current definition of "authorized third party" means a third party who is not a legally authorized representative of the patient. The bill additionally revises the definition of "legally authorized representative" to clarify that the term "insurer" under the definition means an automobile insurer.

## SENATE HEALTH, HUMAN SERVICES AND SENIOR CITIZENS COMMITTEE

### STATEMENT TO

SENATE, No. 2253

## STATE OF NEW JERSEY

**DATED: JUNE 6, 2022** 

The Senate Health, Human Services and Senior Citizens Committee reports favorably Senate Bill No. 2253.

This bill amends the current law concerning the fees that may be charged for copies of medical and billing records by hospitals and by health care professionals licensed by the Board of Medical Examiners.

With regard to hospitals, the bill provides that a current prohibition against a hospital charging a fee to provide an electronic or paper reproduction of a billing record to certain parties will apply to requests for the record by a patient or the patient's legally authorized representative, but will not apply to requests by authorized third parties, which are entities that are authorized to access the record but are not actually representing the patient.

Current law provides that the fee for reproducing medical and billing records that are not stored on microfilm or microfiche is to be no more than \$1 per page, and the fee for reproducing records stored on microfilm or microfiche is to be \$1.50 per image. Under the bill, the total amount that can be charged to patients and legally authorized representatives in per-page fees is capped at \$50. For authorized third parties, there is no cap on the total amount that can be charged in per-page fees.

The bill removes references to "health care professionals" from section 1 of P.L.2019, c.217 (C.26:2H-5n), as the fee requirements for billing and treatment records for health care professionals are set forth in section 2 of P.L.2019, c.217 (C.45:9-22.27). The bill further revises the health care professional billing law for patients and their legally authorized representatives to reduce the current \$200 cap on per-page fees to \$50, and provides that the revised cap applies regardless of the method used to store the record. For authorized third parties, the current law provides that there is no cap on the total amount that can be charged in per-page fees.

For both hospitals and health care professionals, the bill revises the authorized search fee for patient records from no more than \$10 per request to no more than \$20 per request. As is provided under current law, no search fee may be charged to a patient who is requesting the patient's own record.

For both hospitals and health care professionals, the bill clarifies that the current definition of "authorized third party" means a third party who is not a legally authorized representative of the patient. The bill additionally revises the definition of "legally authorized representative" to clarify that the term "insurer" under the definition means an automobile insurer.

### STATEMENT TO

### SENATE, No. 2253

with Senate Floor Amendments (Proposed by Senator SCUTARI)

ADOPTED: JUNE 16, 2022

These Senate amendments replace certain references in the bill to "a patient's medical record" with "individual admission records."

The Senate amendments remove a provision from current law establishing a \$50 cap on the total fees that may be charged for an individual admission record or patient record.

The Senate amendments revise the bill to provide that certain additional fees that may be charged in addition to the per-page fees for individual admission records, including a search fee, a certification fee, and cost of delivery fees, may also be applied to authorized third parties accessing the records.

The Senate amendments remove the words "third party" from a reference to the patient's automobile insurer.

The Senate amendments make certain technical changes involving syntax.

# ASSEMBLY, No. 3656

# STATE OF NEW JERSEY

## 220th LEGISLATURE

INTRODUCED MARCH 17, 2022

**Sponsored by:** 

Assemblyman STERLEY S. STANLEY
District 18 (Middlesex)
Assemblywoman ANGELA V. MCKNIGHT
District 31 (Hudson)
Assemblyman DANIEL R. BENSON
District 14 (Mercer and Middlesex)

Co-Sponsored by: Assemblywoman Jasey

### **SYNOPSIS**

Limits fees charged for copies of medical and billing records.

#### **CURRENT VERSION OF TEXT**

As introduced.



(Sponsorship Updated As Of: 6/16/2022)

1 AN ACT concerning patient records and amending P.L.2019, c.217.

**BE IT ENACTED** by the Senate and General Assembly of the State of New Jersey:

- 1. Section 1 of P.L.2019, c.217 (C.26:2H-5n) is amended to read as follows:
- 1. a. Except as provided in subsection d. of this section, if a patient of a general, special, or psychiatric hospital licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) [or of a Statelicensed health care professional], the patient's legally authorized representative, or an authorized third party requests, in writing, a copy of the patient's medical records, the hospital [or the health care professional] shall provide a legible paper or electronic reproduction of the requested records within the dates requested to the patient, the patient's legally authorized representative, or the authorized third party within 30 days of the request, in accordance with the following:
  - (1) (a) For a request by a patient or the patient's legally authorized representative for a medical record, whether such record is stored electronically, on microfilm or microfiche, or on paper, the fee for reproducing the record shall not exceed \$1 per page or \$50 per individual admission record, whichever is less. The fee for reproducing a medical record shall not exceed \$50 per individual admission or patient record, inclusive of any additional fees specified in paragraph (3) of this subsection;
  - (b) If a patient requests a copy of the patient's own medical records in accordance with the federal "Health Insurance Portability and Accountability Act of 1996," Pub.L.104-191, the requirements provided under 45 C.F.R. 164.524(b) with respect to the time required to respond to such requests and the applicable fees shall apply; [and]
  - (c) A hospital **[**or a health care professional **]** shall not charge any fee to provide an electronic or paper reproduction of a billing record requested by a patient, <u>or</u> a patient's legally authorized representative **[**, or an authorized third party **]**;
  - (d) For a request by an authorized third party, the fee for reproducing medical and billing records that are not stored on microfilm or microfiche shall be no more than \$1 per page, and the fee for reproducing records stored on microfilm or microfiche shall be \$1.50 per image; and
- 42 (e) A fee for the reproduction of x-rays or any other material 43 that cannot be routinely copied or duplicated on a commercial 44 photocopy machine, which shall be no more than \$15 per printed

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

- 1 image or \$30 per compact disc (CD) or digital video disc (DVD), 2 plus an administrative fee of \$10.
  - (2) Delivery of an electronic reproduction of a patient's medical or billing record shall be required only if:
  - (a) the entire request can be reproduced from an electronic health record system;
  - (b) the record is specifically requested to be delivered in electronic format; and
    - (c) the record can be delivered electronically.

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- (3) In addition to per-page fees, a hospital [or a health care professional shall apply the following charges, provided that the total fees charged per individual admission record or patient record do not exceed \$50 for patients and patients' legally authorized <u>representatives</u>:
- (a) a search fee of no more than [\$10] \$20 per request; provided that no search fee shall be charged to a patient who is requesting the patient's own record. If a search fee may be charged under this subparagraph, the fee shall apply even if no medical records are found as a result of the search;
- (b) **L**a fee for the reproduction of x-rays or any other material that cannot be routinely copied or duplicated on a commercial photocopy machine, which shall be no more than \$15 per printed image or \$30 per compact disc (CD) or digital video disc (DVD), plus an administrative fee of \$10; I (deleted by amendment, P.L., c. ) (pending before the Legislature as this bill)
- (c) a fee for certification of a copy of a medical record of no more than \$10 per certification; and
- (d) costs for delivering records in any medium, plus sales tax, if applicable.
- (4) The fees established in this subsection shall be charged for electronic reproductions as well as paper copies of medical records.
- (5) The hospital [or the health care professional] shall establish a policy assuring access to copies of medical records for patients who do not have the ability to pay for the copies.
- (6) The hospital [or the health care professional] shall establish a fee policy providing an incentive for the use of abstracts or summaries of medical records; however, a patient [,] and a patient's legally authorized representative [, or an authorized third party] shall have the right to receive a full or certified copy of the medical record.
- (7) Subject to the requirements of paragraph (2) of this subsection, medical and billing records shall be delivered in the manner specified by the requestor, which may include, but shall not be limited to, mailing the record to any address or faxing the record to any number specified by the requestor, including the requestor's attorney. Subject to the requirements of federal law, the method of delivery specified by a requestor shall not affect the fees that would ordinarily apply to the

1 request under paragraphs (1) and (3) of this subsection, subject to any 2 policies established pursuant to paragraphs (5) and (6) of this 3 subsection and subject to the provisions of subsections c. and d. of this 4 section.

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- b. Access to a copy of a patient's medical record shall be limited only to the extent necessary to protect the patient. The patient's attending physician shall provide a verbal explanation for any denial of access to the patient, legally authorized representative, or authorized third party, and shall document the denial and explanation in the medical record. In the event that direct access to a copy by the patient is medically contraindicated, as documented by a physician in the patient's medical record, the hospital [or the health care professional shall not limit access to the record to a legally authorized representative of the patient, an authorized third party, or the patient's attending physician.
  - c. A hospital [or a health care professional] shall not assess any fees or charges for a copy of a patient's medical records as provided herein other than those provided for in this section.
    - d. The fees authorized by this section shall not be imposed on:
- 19 20 (1) A patient who does not have the ability to pay and who 21 presents either: (a) a statement certifying to annual income at or 22 below 250 percent of the federal poverty level; or (b) proof of 23 eligibility for, or enrollment in, a State or federal assistance 24 program including, but not limited to: the federal Supplemental 25 Nutrition Assistance Program established pursuant to the "Food and 26 Nutrition Act of 2008," Pub.L.110-246 (7 U.S.C. s.2011 et seq.); 27 the federal Supplemental Security Income program established 28 pursuant to Title XVI of the federal Social Security Act, Pub.L.92-29 603 (42 U.S.C. s.1381 et seq.); the National School Lunch Program 30 established pursuant to the "Richard B. Russell National School 31 Lunch Act," Pub.L.79-396 (42 U.S.C. s.1751 et seq.); the federal 32 special supplemental food program for women, infants, and children 33 established pursuant to Pub.L.95-627 (42 U.S.C. s.1786); the State 34 Medicaid program established pursuant to the "New Jersey Medical 35 Assistance and Health Services Act," P.L.1968, c.413 (C.30:4D-1 et 36 seq.); the NJ FamilyCare Program established pursuant to the 37 "Family Health Care Coverage Act," P.L.2005, c.156 (C.30:4J-8 et 38 al.); the Work First New Jersey program established pursuant to the 39 "Work First New Jersey Act," P.L.1997, c.38 (C.44:10-55 et seq.); 40 the New Jersey Supplementary Food Stamp Program established 41 pursuant to the "New Jersey Supplementary Food Stamp Program 42 Act," P.L.1998, c.32 (C.44:10-79 et seq.); any successor program; 43 or any other State or federal assistance program now or hereafter 44 established by law; 45
  - (2) A not-for-profit corporation indicating in writing that it is representing a patient;
  - (3) A health care practitioner;

- 1 (4) An attorney representing a patient on a pro bono basis, 2 provided that the attorney submits with the request a certification 3 that the attorney is representing the patient on a pro bono basis. An 4 attorney representing a patient on a contingency fee basis shall be 5 assessed the ordinary fees to obtain a copy of the patient's medical 6 records; or
  - (5) A patient or an attorney representing a patient who has a pending application for, or is currently receiving, federal Social Security disability benefits provided under Title II or Title XVI of the federal Social Security Act, Pub.L.92-603 (42 U.S.C. s.1351 et al.).
    - e. As used in this section:

"Authorized third party" means a third party, who is not a legally authorized representative of the patient, with a valid authorization, subpoena, legal process, or court order granting access to a patient's medical or billing records.

["Health care professional" means an individual who, acting within the scope of the individual's licensure or certification, provides health care services, and includes, but is not limited to, a physician, dentist, nurse, pharmacist, or other health care professional whose professional practice is regulated pursuant to Title 45 of the Revised Statutes.]

"Legally authorized representative" means: the patient's spouse, domestic partner, or civil union partner; the patient's immediate next of kin; the patient's legal guardian; the patient's attorney; the patient's third party <u>automobile</u> insurer; or the patient's worker's compensation carrier, if the carrier is authorized to access to the patient's treatment or billing records by contract or law, provided that access by a worker's compensation carrier shall be limited only to that portion of the treatment or billing record that is relevant to the specific work-related incident at issue in the worker's compensation claim.

(cf: P.L.2021, c.427, s.1)

- 2. Section 2 of P.L.2019, c.217 (C.45:9-22.27) is amended to read as follows:
- 2. A person licensed to practice a health care profession regulated by the State Board of Medical Examiners shall provide copies of professional treatment and billing records, including treatment records from other health care providers that are part of a patient's record, to a patient, the patient's legally authorized representative, or an authorized third party in accordance with the following:
- a. No later than 30 days after receipt of a request from a patient, a patient's legally authorized representative, or an authorized third party, the licensee shall provide an electronic copy or photocopy of the professional treatment records, billing records, or both, as requested. The record shall include all pertinent, objective data, including test results and x-ray results, as applicable, and subjective information.

- b. Unless otherwise required by law, a licensee may elect to provide a summary of the record in lieu of providing the electronic copy or photocopy required pursuant to subsection a. of this section, provided that the summary adequately reflects the patient's history and treatment. A licensee may charge a reasonable fee for the preparation of a summary that has been provided in lieu of the actual record, which shall not exceed the cost that would be charged for the actual record pursuant to subsection d. of this section; however, a patient, a patient's legally authorized representative, or an authorized third party shall have the right to receive a full or certified copy of the patient's treatment record. The fee for certification shall be no more than \$10 per certification.
  - c. If, in the exercise of the licensee's professional judgment, a licensee has reason to believe that the patient's mental or physical condition will be adversely affected upon being made aware of the subjective information contained in the professional treatment record or a summary of the record, the licensee may refuse to provide the record or summary to the patient. The licensee shall include in the record a notice setting forth the reasons for the original refusal. The licensee shall, however, provide a copy of the record or summary upon request to:
    - (1) the patient's attorney;

- (2) another licensed health care professional;
- (3) the patient's health insurance carrier through an employee thereof;
- (4) a governmental reimbursement program or an agent thereof, with responsibility to review utilization or quality of care; or
  - (5) an authorized third party.
- d. A licensee may require a record request to be in writing and, except as provided in subsection j. of this section, may charge a fee for:
- (1) (a) A request by a patient or a patient's legally authorized representative for the reproduction of patient treatment and billing records, which shall be no more than \$1 per page or [\$200] \$50 for the entire record, whichever is less, [except that, for records stored on microfilm or microfiche, the reproduction fee shall be no more than \$1.50 per image or \$200 for the entire record, whichever is less] and regardless of whether such record is stored electronically, on microfilm or microfiche, or on paper; and
- (b) A request by an authorized third party for the reproduction of patient treatment and billing records, which shall be no more than \$1 per page or, in the case of records stored on microfilm or microfiche, no more than \$1.50 per image;
- (2) The reproduction of x-rays or any other material within a patient treatment record that cannot be routinely copied or duplicated on a commercial photocopy machine, which shall be no more than \$15 per printed image or \$30 per compact disc (CD) or digital video disc (DVD), plus an administrative fee of \$10;

(3) A search for records, which search fee shall be no more than **[**\$10**]** \$20 per request; provided that no search fee shall be charged to a patient requesting the patient's own records. A search fee that may be charged pursuant to this paragraph shall apply even if no individual treatment or billing record is found as a result of the search; and

(4) The costs for delivering records in any medium, plus sales tax, if applicable.

A licensee shall not assess any fees or charges for a copy of a patient's treatment or billing records as provided herein other than those provided for in this section.

- e. The fees established in subsection d. of this section shall be charged for electronic copies as well as paper copies of treatment and billing records.
- f. Delivery of an electronic copy of a patient treatment or billing record to the requestor shall be required only if: (1) the entire request can be reproduced from an electronic health record system; (2) the record is specifically requested to be delivered in electronic format; and (3) the record can be delivered electronically.
- g. A licensee shall not charge a patient for a copy of the patient's treatment or billing record when:
- (1) the licensee has affirmatively terminated a patient from practice in accordance with the requirements of N.J.A.C.13:35-6.22; or
- (2) the licensee leaves a practice that the licensee was formerly a member of, or associated with, and the patient requests that the patient's medical care continue to be provided by that licensee.
- h. If the patient or a subsequent treating health care professional is unable to read the treatment record, either because it is illegible or prepared in a language other than English, the licensee shall provide a transcription or translation, as applicable, at no cost to the patient.
- i. The licensee shall not refuse to provide a professional treatment record on the grounds that the patient owes the licensee an unpaid balance if the record is needed by another health care professional for the purpose of rendering care.
  - j. The fees authorized by this section shall not be imposed on:
- (1) A patient who does not have the ability to pay and who presents either: (a) a statement certifying to annual income at or below 250 percent of the federal poverty level; or (b) proof of eligibility for, or enrollment in, a State or federal assistance program including, but not limited to: the federal Supplemental Nutrition Assistance Program established pursuant to the "Food and Nutrition Act of 2008," Pub.L.110-246 (7 U.S.C. s.2011 et seq.); the federal Supplemental Security Income program established pursuant to Title XVI of the federal Social Security Act, Pub.L.92-603 (42 U.S.C. s.1381 et seq.); the National School Lunch Program established pursuant to the "Richard B. Russell National School Lunch Act," Pub.L.79-396 (42 U.S.C. s.1751 et seq.); the federal special supplemental food program for women, infants, and children established pursuant to Pub.L.95-627 (42 U.S.C. s.1786); the State Medicaid program

- 1 established pursuant to the "New Jersey Medical Assistance and
- 2 Health Services Act," P.L.1968, c.413 (C.30:4D-1 et seq.); the NJ
- 3 FamilyCare Program established pursuant to the "Family Health Care
- 4 Coverage Act," P.L.2005, c.156 (C.30:4J-8 et al.); the Work First New
- 5 Jersey program established pursuant to the "Work First New Jersey
- 6 Act," P.L.1997, c.38 (C.44:10-55 et seq.); the New Jersey
- 7 Supplementary Food Stamp Program established pursuant to the "New
- 8 Jersey Supplementary Food Stamp Program Act," P.L.1998, c.32
- 9 (C.44:10-79 et seq.); any successor program; or any other State or
- 10 federal assistance program now or hereafter established by law;
  - (2) A not-for-profit corporation indicating in writing that it is representing a patient;
  - (3) An attorney representing a patient on a pro bono basis, provided that the attorney submits with the request a certification that the attorney is representing the patient on a pro bono basis. An attorney representing a patient on a contingency fee basis shall be assessed the ordinary fees to obtain a copy of the patient's records; or
  - (4) A patient or an attorney representing a patient who has a pending application for, or is currently receiving, federal Social Security disability benefits provided under Title II or Title XVI of the federal Social Security Act, Pub.L.92-603 (42 U.S.C. s.1351 et al.).
    - k. As used in this section:

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"Authorized third party" means a third party, who is not a legally authorized representative of the patient, with a valid authorization, subpoena, or court order granting access to a patient's treatment or billing records.

"Legally authorized representative" means: the patient's spouse, domestic partner, or civil union partner; the patient's immediate next of kin; the patient's legal guardian; the patient's attorney; the patient's third party automobile insurer; or the patient's worker's compensation carrier, if the carrier is authorized to access to the patient's treatment or billing records by contract or law, provided that access by a worker's compensation carrier shall be limited only to that portion of the treatment or billing record that is relevant to the specific work-related incident at issue in the worker's compensation claim.

1. Subject to the requirements of subsection f. of this section, medical and billing records shall be delivered in the manner specified by the requestor, which may include, but shall not be limited to, mailing the record to any address or faxing the record to any number specified by the requestor, including the requestor's attorney. Subject to the requirements of federal law, the method of delivery specified by a requestor shall not affect the fees that would ordinarily apply to the request under subsections b. and d. of this section, subject to the provisions of subsections g. and j. of this section.

(cf: P.L.2021, c.359, s.2)

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3. This act shall take effect immediately.

### A3656 STANLEY, MCKNIGHT

**STATEMENT** 

### 

 This bill amends the current law concerning the fees that may be charged for copies of medical and billing records. A summary of the amendments to the law pertaining to health care facilities and the amendments to the law pertaining to health care professionals is outlined below.

### **Health Care Facilities**

The bill provides that a current prohibition against a hospital charging a fee to provide an electronic or paper reproduction of a billing record to certain parties will apply to requests by a patient or a patient's legally authorized representative for the record, but will not apply to requests by authorized third parties, which are entities authorized to access the record but are not actually representing the patient. For a request by an authorized third party, the fee for reproducing medical and billing records that are not stored on microfilm or microfiche is to be no more than \$1 per page, and the fee for reproducing records stored on microfilm or microfiche is to be \$1.50 per image.

The bill revises the authorized search fee for patient records from no more than \$10 per request to no more than \$20 per request. As is provided under current law, no search fee may be charged to a patient who is requesting the patient's own record.

Current law provides that the total fees charged for a record may not exceed \$50; the bill clarifies that this cap only applies to records requested by a patient or the patient's legally authorized representative.

The bill clarifies the current definition of "authorized third party" to clarify that the term means a third party who is not a legally authorized representative of the patient. The bill additionally revises the definition of "legally authorized representative" to clarify that the term "insurer" under the definition means an automobile insurer.

The bill removes references to "health care professionals" from section 1 of P.L.2019, c.217 (C.26:2H-5n), as health care professionals are more properly regulated under other chapters of the statutory law.

#### **Health Care Professionals**

The bill revises the requirements concerning the fees that may be charged professional treatment and billing records to reduce the current per-page fee cap of \$200 to \$50, and provides that the revised cap applies regardless of the method used to store the record. The bill additionally revises the authorized fee of up to \$10 per search for of patient treatment and billing records to no more than \$20 per request.

### A3656 STANLEY, MCKNIGHT

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1 As provided under current law, no search fee is to be charged to a patient requesting the patient's own records.

The bill clarifies that the current definition of "authorized third party" means a third party who is not a legally authorized representative of the patient. The bill additionally revises the definition of "legally authorized representative" to clarify that the term "insurer" under the definition means an automobile insurer.

### ASSEMBLY APPROPRIATIONS COMMITTEE

### STATEMENT TO

### ASSEMBLY, No. 3656

# STATE OF NEW JERSEY

**DATED: JUNE 14, 2022** 

The Assembly Appropriations Committee reports favorably Assembly Bill No. 3656.

This bill amends the current law concerning the fees that may be charged for copies of medical and billing records. A summary of the amendments to the law pertaining to health care facilities and the amendments to the law pertaining to health care professionals is outlined below.

### **Health Care Facilities**

The bill provides that a current prohibition against a hospital charging a fee to provide an electronic or paper reproduction of a billing record to certain parties will apply to requests by a patient or a patient's legally authorized representative for the record, but will not apply to requests by authorized third parties, which are entities authorized to access the record but are not actually representing the patient. For a request by an authorized third party, the fee for reproducing medical and billing records that are not stored on microfilm or microfiche is to be no more than \$1 per page, and the fee for reproducing records stored on microfilm or microfiche is to be \$1.50 per image.

The bill revises the authorized search fee for patient records from no more than \$10 per request to no more than \$20 per request. As is provided under current law, no search fee may be charged to a patient who is requesting the patient's own record.

Current law provides that the total fees charged for a record may not exceed \$50; the bill clarifies that this cap only applies to records requested by a patient or the patient's legally authorized representative.

The bill clarifies the current definition of "authorized third party" to clarify that the term means a third party who is not a legally authorized representative of the patient. The bill additionally revises the definition of "legally authorized representative" to clarify that the term "insurer" under the definition means an automobile insurer.

The bill removes references to "health care professionals" from section 1 of P.L.2019, c.217 (C.26:2H-5n), as health care

professionals are more properly regulated under other chapters of the statutory law.

### **Health Care Professionals**

The bill revises the requirements concerning the fees that may be charged professional treatment and billing records to reduce the current per-page fee cap of \$200 to \$50, and provides that the revised cap applies regardless of the method used to store the record. The bill additionally revises the authorized fee of up to \$10 per search for of patient treatment and billing records to no more than \$20 per request.

### **FISCAL IMPACT**:

This bill has not been certified as requiring a fiscal note.

### STATEMENT TO

### ASSEMBLY, No. 3656

with Assembly Floor Amendments (Proposed by Assemblyman STANLEY)

ADOPTED: JUNE 16, 2022

These Assembly amendments replace certain references in the bill to "a patient's medical record" with "individual admission records."

The Assembly amendments remove a provision from current law establishing a \$50 cap on the total fees that may be charged for an individual admission record or patient record.

The Assembly amendments revise the bill to provide that certain additional fees that may be charged in addition to the per-page fees for individual admission records, including a search fee, a certification fee, and cost of delivery fees, may also be applied to authorized third parties accessing the records.

The Assembly amendments remove the words "third party" from a reference to the patient's automobile insurer.

The Assembly amendments make certain technical changes involving syntax.

# Governor Murphy Takes Action on Legislation

09/22/2022

**TRENTON** – Today, Governor Murphy signed the following bills into law:

**S-772/A-1929 (Pou, Pennacchio/Swain, Dancer, McKnight)** - Directs Department of Agriculture to establish New Jersey Minority, Women, and Underserved Farmer Registry

S-1027/A-2208 (Singleton, Cruz-Perez/Greenwald, Verrelli, Sampson) - Includes duct cleaning as public work subject to the prevailing wage law

S-2253/A-3656 (Scutari, Pou/Stanley, McKnight, Benson) - Limits fees charged for copies of medical and billing records

The Governor vetoed the following bills:

S-757/S-2772 (Sarlo, Oroho/Freiman, Mukherji, Dancer) - CONDITIONAL - Authorizes special occasion events at certain commercial farms on preserved farmland, under certain conditions

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SCS for S-2357/ACS for A-3830 (Madden, Lagana/Moriarty, Haider, Danielsen) - CONDITIONAL - Concerns timely payment of UI benefits

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**A-1474/S-511 (Lopez, Danielsen, Carter/Cryan) - CONDITIONAL - Provides certain protections and rights for temporary laborers.** 

Copy of Statement