

BILL ANALYSIS

Senate Research Center
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C.S.S.B. 1520
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Business & Commerce
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Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Texas law allows patients to obtain copies of their medical records from providers, with a maximum fee structure established by the Texas Medical Board. The maximum fees allowed for paper copies are \$25 for the first 20 pages and \$0.50 per page after. The maximum fees allowed for electronic records are \$25 for records up to 500 pages, and \$50 for records in excess of 500 pages. Over the course of a lifetime, a patient will change providers for a variety of reasons, and must obtain a copy of his or her medical record for the subsequent provider.

- When a physician retires, a patient must find a new physician.
- When a patient changes health insurers, the patient may find his or her prior physician is no longer a network provider with the new health insurance provider.
- When a physician moves from one practice group to another, the patient may want to continue using the same physician, as opposed to staying with the same practice group.

Charging a fee for copies of medical records makes it difficult for patients to maintain access to quality care. These fees can be cost-prohibitive for some patients, particularly those with limited means or living on a fixed income. In some instances, the patient must change providers for reasons beyond the patient's control, such as a physician's retirement, a change in health insurance coverage, or a change in employment by the physician.

S.B. 1520 provides that patients may obtain a copy of their medical records for use by a subsequent provider without cost for records that are in electronic format or are under 50 pages. For medical records over 50 pages, there may be \$0.10 charge per page thereafter. Many providers already give patients a free copy of their medical records, so this change would not affect that practice. (Original Author's / Sponsor's Statement of Intent)

C.S.S.B. 1520 amends current law relating to duties of physicians and certain other entities regarding patient records.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the Texas Medical Board in SECTION 2 (Section 159.011, Occupations Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 159.006, Occupations Code, by adding Subsections (f), (g), and (h), as follows:

(f) Requires a medical practice, if a physician retires from, terminates employment with, or otherwise leaves a medical practice, to provide to the departing physician:

(1) a list of each patient seen or treated by the departing physician in the two years preceding the date of the physician's departure, along with the patient's most recent available contact information; and

(2) on written authorization of a patient of the departing physician, access to the patient's medical records and copies of the patient's medical records, on payment of a certain fee.

(g) Requires that the list and medical records described by Subsection (f), unless the departing physician and medical practice agree otherwise, be provided to the departing physician in the same format in which the records are maintained by the medical practice.

(h) Prohibits the requirements of Subsection (f) from being waived, voided, or nullified by contract.

SECTION 2. Amends Chapter 159, Occupations Code, by adding Section 159.011, as follows:

Sec. 159.011. NOTICE TO PATIENT OF PHYSICIAN DEPARTING MEDICAL PRACTICE. (a) Requires the Texas Medical Board by rule to require that a physician notify the physician's patients before retiring from, terminating employment with, or otherwise leaving a medical practice and provide the patients the opportunity to request copies of billing or medical records under Section 159.006 (Information Furnished by Physician).

(b) Prohibits the requirements of Subsection (a) from being waived, voided, or nullified by contract.

SECTION 3. Makes application of Section 159.006, Occupations Code, as amended by this Act, and Section 159.011, Occupations Code, as added by this Act, prospective.

SECTION 4. Effective date: September 1, 2017.