

# HOUSE BILL REPORT

## **HB 2568**

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*As Reported By House Committee on:  
Health Care*

**Title:** An act relating to public records.

**Brief Description:** Concerning health care information disclosure.

**Sponsor(s):** Representatives Appelwick, Morris, Moyer and Paris.

**Brief History:**

Reported by House Committee on:  
Health Care, February 5, 1992, DPS.

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**HOUSE COMMITTEE ON  
HEALTH CARE**

**Majority Report:** *The substitute bill be substituted therefor and the substitute bill do pass.* Signed by 10 members: Representatives Braddock, Chair; Day, Vice Chair; Moyer, Ranking Minority Member; Casada, Assistant Ranking Minority Member; Cantwell; Edmondson; Franklin; Paris; Prentice; and Sprenkle.

**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 the 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.

Unless the patient objects, a health care facility may disclose, to the extent the recipient needs to know, directory information about a patient without the patient's authorization. Directory information includes the presence and general health condition of the patient, described in terms of critical, poor, fair, good, excellent or terms denoting similar conditions. However, the name, residence and sex of the patient cannot be disclosed.

A health care provider may charge a fee for copying a patient's record. The charge is specified at \$2.00 for the

first page and \$1.00 for each additional page, but the charge may not exceed the provider's actual cost.

For payment of health care claims, third-party payors routinely have access to the insured's health information. There may be a number of health providers used by the beneficiary, and a separate authorization must be obtained for each provider named for payment purposes.

There is no authority for a health provider to charge a fee when required to disclose patient health information pursuant to compulsory legal process.

***Summary of Substitute Bill:*** The language of the Uniform Health Care Information Act is clarified in a number of respects.

A health care facility may disclose, for the purposes of identification and to the extent the recipient needs to know, the name, residence and sex of a patient without the patient's authorization unless the patient objects. In cases of public record, the health care facility may disclose additionally the age, occupation, condition, diagnosis or extent and location of injuries as determined by a physician, and whether the patient was conscious when admitted.

The fee charged by a health provider for copying a patient's health record is standardized and limited to \$2.00 for the first page and \$1.00 for each additional page.

Third-party payors can generally have access to a beneficiary's health information for payment purposes from any health provider submitting a billing.

A health care provider may charge a fee when required to disclose patient health information pursuant to compulsory legal process.

***Substitute Bill Compared to Original Bill:*** A definition of third-party payor is added. Third-party payors may generally access a beneficiary's health record for payment purposes from any health provider who submits a billing. The exemption from the requirement of third-party payors to specifically obtain prior authorization of a beneficiary to access the health record is deleted.

Other changes of a technical nature are made.

***Fiscal Note:*** Requested January 29, 1992.

**Effective Date of Substitute Bill:** Ninety days after adjournment of session in which bill is passed.

**Testimony For:** These amendments are needed to clarify the rights and responsibilities of third parties with regard to obtaining access to a patient's health information. Health insurers have concerns about their ability to access a beneficiary's record for payment purposes. The media also questions the validity of their long-standing protocol with hospitals on what information can be obtained for verifying the identity of patients, and particularly about information contained in public records. The bill restores this traditional understanding. While the amount of what a health provider may charge for copying a patient record is clarified, there still are concerns that this may be too much.

**Testimony Against:** None.

**Witnesses:** Robb Menaul and Stephanie Bradfield, Washington State Hospital Association (pro); Jean Leonard, State Farm Washington Insurers (pro); Becky Bogard, Washington State Association of Broadcasters (pro); Michele Radosevich, Washington State Trial Lawyers Association (pro); and Andy Dolan, Washington State Medical Association (pro).