

SB 275 -1 STAFF MEASURE SUMMARY

Senate Committee On Human Services

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Meeting Dates: 2/13, 4/12

WHAT THE MEASURE DOES:

Permits covered entity to deny or charge a fee for additional copies of personally identifiable health information requested by the appellant or the appellant's representative in actions to appeal a denial of Social Security Disability benefits. Permits covered entity to otherwise deny copies of records to requestors that are not the subject patient or the patient's representative, absent proper authorization from the patient, and to charge for such records *with* proper authorization. Declares emergency, effective on passage.

FISCAL: No Expenditure Impact

REVENUE: No Revenue Impact

ISSUES DISCUSSED:

- Level of need to clarify existing statute
- Process for declaring personal representative under current statute
- Accessibility of medical records and access to Social Security Disability benefits
- Suggested amendments

EFFECT OF AMENDMENT:

-1 Replaces provisions. Requires covered entity to provide one free copy of individual's health information from after initial application for Social Security disability benefits prior to individual's administrative hearing. Permits individual to request copy format.

FISCAL: No Expenditure Impact

REVENUE: No Revenue Impact

BACKGROUND:

Current Oregon law requires that state health plans, health insurers, certain health care providers, and health care clearinghouses (collectively "covered entities") provide one free copy of a patient's individually identifiable health information when that person is appealing a denial of Social Security Disability benefits. Such records are required be released to the appellant or to the appellant's representative in paper or electronic form upon request.

Senate Bill 275 allows covered entities to charge a fee or to deny *additional* requests for copies of records by an appellant or their representative to appeal a denial of Social Security Disability benefits. The measure also allows covered entities to deny requests in general, by persons other than the patient or patient's representative that do not have the patient's authorization; and to charge for such requests made *with* the patient's authorization.