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number of years, first identified to me by a constituent before we had a problem in the state of Nebraska. I've had this issue out, I think, onto the floor, on General File, in each of the previous two sessions. We reintroduced it. Senator Chambers and Senator Brashear also introduced measures in this area. They all had their public hearing and then the Health and Human Services Committee has prepared a committee amendment that would be the bill from the better parts of the three bills that I mentioned. So with that, Mr. President, if we could move to the committee amendments.

PRESIDENT MAURSTAD: Thank you, Senator Coordsen. Chair recognizes Senator Jensen to open on the committee amendments. (Standing Committee amendment AM0040 is found on page 419 of the Legislative Journal.)

SENATOR JENSEN: Thank you, Mr. Lieutenant Governor and members of the body. The committee amendment attempts to combine the three bills heard in the committee relating to medical records. And I wish to acknowledge Senator Coordsen, Senator Brashear, and Senator Chambers, all in their willingness to work on this issue, an issue that's very important. And then we, as a committee, were able to take the three bills and combine them, I think bringing the best of the three bills together now into one bill, and the committee amendment really becomes the bill. You have some information that was on your desk, the green sheets, that certainly outlined the provisions of the amendment. The essential issues in a medical records debate are access, cost, and liability, and the committee amendment offers a solution for each of those issues. First of all, access. The committee amendment says that access is a patient...to the patient's medical records may be denied only if it's inconsistent with the patient's medical condition and sound therapeutic treatment. The committee has considered various court decisions discussing access to medical records. Generally, courts have held that a medical record is the property of the provider, but that access to information contained in a record belongs to the patient and must be provided upon request. There seems to be agreement that patients ought to have access to the medical record, and it appears to the committee that this is just common sense and sound public policy. Records need to be provided within 30 days of the request. If the request is to examine a copy of the