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Office

H.B. 162
136th General Assembly

Fiscal Note & Local Impact Statement

[Click here for H.B. 162's Bill Analysis](#)

Version: As Introduced

Primary Sponsor: Rep. Click

Local Impact Statement Procedure Required: Yes

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Highlights

- Government-owned hospitals may incur information technology (IT) costs to update electronic health records (EHR) systems if they are not currently capable of separating records based on parental consent, as well as costs to provide associated staff training.
- Government-owned hospitals may also experience a minimal increase in costs to provide annual notices to parents or guardians regarding their minor's health care and parental consent.

Detailed Analysis

Parent or guardian access to minor medical records

The bill requires health care providers to ensure a minor's parent or guardian has access to the electronic health records (EHR) of the minor to the fullest extent permitted under federal and state law. If necessary to meet this requirement, the bill requires a minor's health records to be maintained in a manner that can separate records relating to instances where a minor received health care without parental consent and instances where care is received with parental consent. The bill prohibits a health care provider from requiring a minor's authorization for a parent or guardian to obtain the minor's EHR relating to care that a parent or guardian provided consent for. The bill also requires health care providers to annually inform each minor's parent or guardian (1) of the circumstances in which a minor may receive health care without parent or guardian consent and (2) that records of such care may not be disclosed to the parent or guardian without the minor's authorization. The bill requires health care providers to give an opportunity to a minor to provide general, ongoing written consent for parent or guardian access to the minor's medical records at the minor's annual well visit.

Government-owned hospitals may incur IT costs to update EHR systems if they are not currently capable of separating records based on parental consent. According to the Ohio Hospital Association (OHA), some hospital EHR systems may already have the capability to separate records while others may not. Those that do not would experience information technology (IT) costs to upgrade their EHR systems that could be costly depending on the number of users and the complexity of necessary upgrades. Costs will ultimately depend on which EHR vendor a hospital uses and the fees that are charged for these upgrades. Government-owned hospitals may also realize costs to provide staff training regarding these access and IT changes. Lastly, government-owned hospitals may also experience an increase in costs related to the bill's annual requirement to inform parents about the circumstances in which a minor may receive health care without parental consent and that the records may not be disclosed without the minor's authorization. Costs will depend on how the information is provided, including whether printing or mailing is necessary, but will likely be minimal.