

# Legislative Analysis



## MEDICAL RECORDS RETENTION

Phone: (517) 373-8080  
<http://www.house.mi.gov/hfa>

**House Bill 4853 as introduced**  
**Sponsor: Rep. Mary Whiteford**

Analysis available at  
<http://www.legislature.mi.gov>

**House Bill 4855 as introduced**  
**Sponsor: Rep. Roger Hauck**

**Committee: Judiciary**  
**Complete to 9-20-21**

## SUMMARY:

House Bill 4853 would require performance of a medical service involving vaginal or anal penetration to be included in a patient's medical records; require those records to be maintained for at least 15 years; establish administrative and criminal penalties for noncompliance; and require certain professional boards to develop a guidance document on standards of practice for services involving vaginal or anal penetration. House Bill 4855 would add the felonies established under HB 4853 to the sentencing guidelines in the Code of Criminal Procedure.

**House Bill 4853** would amend Part 161 of Article 15 of the Public Health Code, which pertains to licensed and registered occupations.<sup>1</sup> If a medical service provided on or after the bill's effective date involved the vaginal or anal penetration of the patient, the bill would require a licensed health care professional to expressly state in the patient's medical record that vaginal or anal penetration was performed *unless* the medical service met any of the following:

- It related primarily to the patient's urological, gastrointestinal, reproductive, gynecological, or sexual health.
- It was necessary and associated with or incident to a *medical emergency*.
- It was performed for the purpose of rectally administering a drug or medicine.
- It was performed to measure a patient's temperature.

*Medical emergency* would mean a circumstance that, in the licensee's good-faith medical judgment, creates an immediate threat of serious risk to the life or physical health of the patient.

### Medical records retention and destruction

The Public Health Code establishes medical record retention and destruction procedures for licensed persons. (Note that these requirements do not apply to persons registered, rather than licensed, under the code, such as acupuncturists, sanitarians, or registered social service technicians.) In general, a medical record must be retained for at least seven years from the date of the service it pertains to. Under the bill, a health care licensee (or his or her personal representative if the licensee were deceased) could destroy or otherwise dispose of records for

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<sup>1</sup> Currently, the following health care professions are licensed under Article 15 of the Public Health Code: athletic trainers, audiologists, behavior analysts, chiropractors, counselors, dental assistants, dental hygienists, dentists, marriage and family therapists, massage therapists, midwives, nurses, nursing home administrators, occupational therapists and occupational therapy assistants, optometrists, pharmacists, physical therapists and physical therapy assistants, physician's assistants, physicians (M.D.s and D.O.s), podiatrists, psychologists, respiratory therapists, social workers, speech-language pathologists, and veterinarians and veterinarian technicians.

a medical service performed on or after the bill's effective date that requires recording the vaginal or anal penetration of a patient only after they had been maintained for 15 years.

#### Guidance by medical boards

The bill would require the Michigan Board of Medicine, which governs doctors of medicine (M.D.s); the Board of Osteopathic Medicine and Surgery, which governs doctors of osteopathic medicine (D.O.s); the Board of Chiropractic; the Board of Physical Therapy; and the Board of Athletic Training each to create a document to provide guidance to licensees on generally accepted standards of practice for services involving vaginal or anal penetration (including internal pelvic floor treatments). For M.D.s and D.O.s, the respective boards would not have to include in the document guidance on medical services that primarily relate to a patient's urological, gastrointestinal, reproductive, gynecological, or sexual health; that are performed to measure a patient's temperature; or that are performed for the purpose of rectally administering a drug or medicine.

In creating the required documents, the boards would have to consult with appropriate professional associations and other interested stakeholders. The boards would have to make the required document publicly available within one year after the bill becomes law.

#### Health facilities and agencies: records documentation, retention, and destruction

If a medical service provided to a patient on or after the bill's effective date involved the vaginal or anal penetration of the patient, the bill would require a **health facility or agency**<sup>2</sup> to ensure that the patient's medical record expressly states that vaginal or anal penetration was performed *unless* the medical service met any of the following conditions:

- It related primarily to the patient's urological, gastrointestinal, reproductive, gynecological, or sexual health.
- It was necessary and associated with or incident to a medical emergency.
- It was performed for the purpose of rectally administering a drug or medicine.
- It was performed to measure a patient's temperature.

In general, the Public Health Code requires a health facility or agency to maintain records for a minimum of seven years. The bill would require a minimum retention period of 15 years if the service was performed on or after the bill's effective date *and* either of the following applied:

- The record included a medical service involving the vaginal or anal penetration of a patient. This would not apply to a record for a medical service meeting any of the exclusionary criteria for documentation described above.
- The patient filed a complaint with the health facility or agency alleging **sexual misconduct** by an individual employed by, under contract to, or granted privileges by the health facility or agency.

**Sexual misconduct** would mean sexual penetration under the pretext of medical treatment; female genital mutilation of a child; accosting, enticing, or soliciting a child for an immoral purpose; child pornography; or criminal sexual conduct in the first, second, third, or fourth degree or assault with intent to commit criminal sexual conduct

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<sup>2</sup> **Health facility or agency** means an ambulance operation, aircraft transport operation, nontransport prehospital life support operation, or medical first response service; county medical care facility; freestanding surgical outpatient facility; health maintenance organization; home for the aged; hospital; nursing home; facility or agency previously listed that is located in a university, college, or other educational institution; hospice; or hospice residence.

in the first, second, or third degree, regardless of whether the conduct resulted in a criminal conviction.

Specifically, a health facility or agency could only destroy or dispose of a medical record for a medical service involving vaginal or anal penetration after having retained it for 15 years.

#### Penalties for noncompliance

The bill would add a new section authorizing the following administrative and criminal penalties for a violation of the requirement to document a medical service involving vaginal or anal penetration in a patient's medical record:

##### **Person** (individual licensee):

- For a first violation: administrative fine of up to \$1,000.
- For a second violation: administrative fine of up to \$2,500.
- For a third or subsequent violation *or* if the violation was a result of gross negligence: misdemeanor punishable by imprisonment for up to 180 days or a fine of up to \$5,000, or both.
- For an intentional violation: felony punishable by imprisonment for up to two years or a fine of up to \$7,500, or both.

Imposing these penalties would not limit any other sanction or additional action a disciplinary subcommittee is authorized to impose or take.

##### **Licensed health facility or agency:**

- For a first violation: administrative fine of up to \$2,500.
- For a second violation: administrative fine of up to \$5,000.
- For a third or subsequent violation: misdemeanor punishable by imprisonment for up to 180 days or a fine of up to \$7,500, or both.
- For a violation that is the result of gross negligence: misdemeanor punishable by imprisonment for up to 180 days or a fine of \$10,000, or both.
- For an intentional violation: felony punishable by imprisonment for up to two years or a fine of up to \$10,000, or both.

The above penalties would not limit any other sanction LARA is authorized to impose on a health facility or agency.

MCL 333.16213 et al.

**House Bill 4855** would place the felony penalties established by HB 4853 in the sentencing guidelines chapter of the Code of Criminal Procedure. The intentional omission of a medical service involving vaginal or anal penetration from a patient's medical record would be a class G crime against the public trust with a statutory maximum term of imprisonment of two years whether committed by a health professional or by a health facility or agency.

The bill is tie-barred to HB 4853, which means that it cannot take effect unless HB 4853 is also enacted.

MCL 777.13n

Each bill would take effect 90 days after being enacted.

**BACKGROUND:**

The bills are reintroductions of House Bills 4370 and 4371 of the 2019-20 legislative session and House Bills 5783 and 5784 of the 2017-18 legislative session, which were all passed by the House of Representatives. The bills are part of a larger package of bills to address sexual assault that were originally introduced following the revelation of hundreds of instances in which Larry Nassar, a nationally known physician employed by Michigan State University who also provided medical treatments to members of the USA Olympics women's gymnastics team, was found to have engaged in practices that constituted criminal sexual conduct.

**FISCAL IMPACT:**

A fiscal analysis is in progress.

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■ This analysis was prepared by nonpartisan House Fiscal Agency staff for use by House members in their deliberations and does not constitute an official statement of legislative intent.