

Minnesota Medical Record Fees

What you Need to Know



Release of information (ROI) is the process of providing access to **protected health information (PHI)** to authorized requestors including patients, caregivers, and third-parties (e.g. personal injury attorneys, life insurers for underwriting, auto, property and casualty insurers investigating and defending claims, copy services obtaining records for others, etc.).

Providers of all sizes are required to provide the secure legal, and ethical retrieval and release of PHI. This process is complex and requires skilled, detailed review of sensitive data to ensure patient privacy.

ROI in Minnesota

Minnesota providers oversee ROI to authorized requestors in compliance with **Health Insurance Portability and Accountability Act (HIPAA)** and other federal standards.

ROI entities provide records to patients at little or no cost. Authority to define fees for third-party access to medical records is deferred to states who consider how to adequately compensate for the time and skill needed to provide records.

In 2024, without review or stakeholder collaboration, Minnesota dramatically lowered third-party fees for medical records, putting patient privacy at risk and imposing a significant financial burden on Minnesota healthcare providers.

WHY DOES IT MATTER?

- **SHIFTS COSTS:** Patients and their personal health representatives either pay a nominal federal safe harbor fee or nothing to receive their medical records, while authorized third parties pay state regulated statutory rates. 2024 changes to Minnesota statute reduced costs for third-party requestors – like attorneys and others - transferring costs to the Minnesota provider community at a time when providers are already under significant financial stress.
- **ADDS ADMINISTRATIVE BURDENS:** Reducing statutory rates for third parties puts unnecessary and significant burdens on healthcare providers, especially those in rural areas and those serving at-risk patient populations, with limited existing resources for administrative burdens that take time away from patient care.
- **ERODES PRIVACY:** The distinction between patient access to medical records and third-party access – entities that fall outside of HIPAA protections – is significant. The 2024 statutory change reduced fees for third-party access to PHI, making it easier and cheaper for entities to obtain a patient's most sensitive information for possible monetization.
- **IT'S COMPLEX:** The ROI process is a 45+-step system involving meticulous considerations of patient privacy and understanding of existing state and federal law. Healthcare providers are required to provide additional safeguards to protect behavioral health, substance use disorder, HIV/AIDS treatment records, and reproductive health information. Key stakeholders with expertise in this complex process include Minnesota hospitals, clinics, independent providers, and ROI industry experts.

Comparison of Third Party Medical Record Retrieval Fee Proposals

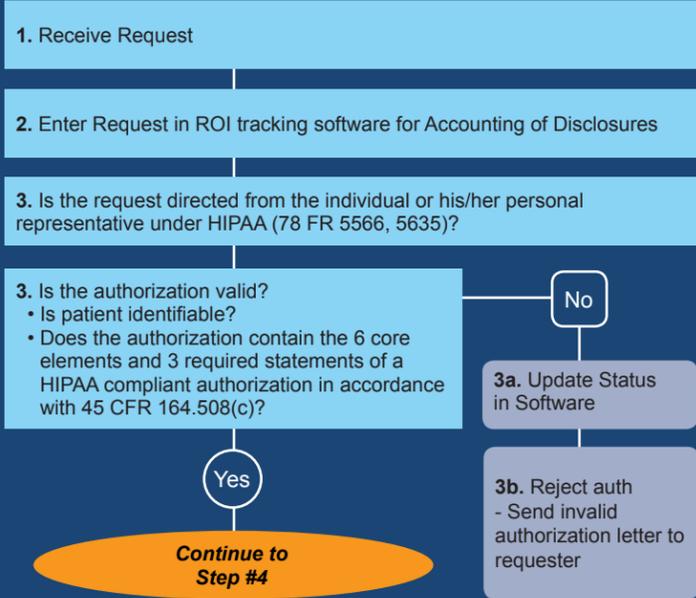


	Pre-2024	Current Law	HF 2070
Patient, Provider, or Caregiver Rate	\$0	\$0	\$0
Flat Rate per Record Request	None	\$20 (electronic) per request	\$250 (for records if all records requested are no older than 3 years)
Per Page Fee	\$1.68 per page plus \$22.47 search and retrieval fee	Paper: \$1 per page, \$30 cap for up to 25 pages \$50 cap for up to 100 pages pages 101+ at 20¢ per page \$500 cap for any request Electronic: None	Flat Rate plus 40¢ per page (for any request with if records are older than 3 years)
No Records Fee	\$22.47	\$10	\$20
Images	Unregulated, plus no more than \$10 for time spent retrieving and copying xrays*	\$30 xrays, silent on other imaging	\$50 base fee plus \$25 unique image
Maximum Charge	None	\$500 paper \$20 electronic	\$1500
Prepaid Allowed?	No	No	Yes**
CPI Adjuster Included?	Yes	No	Yes

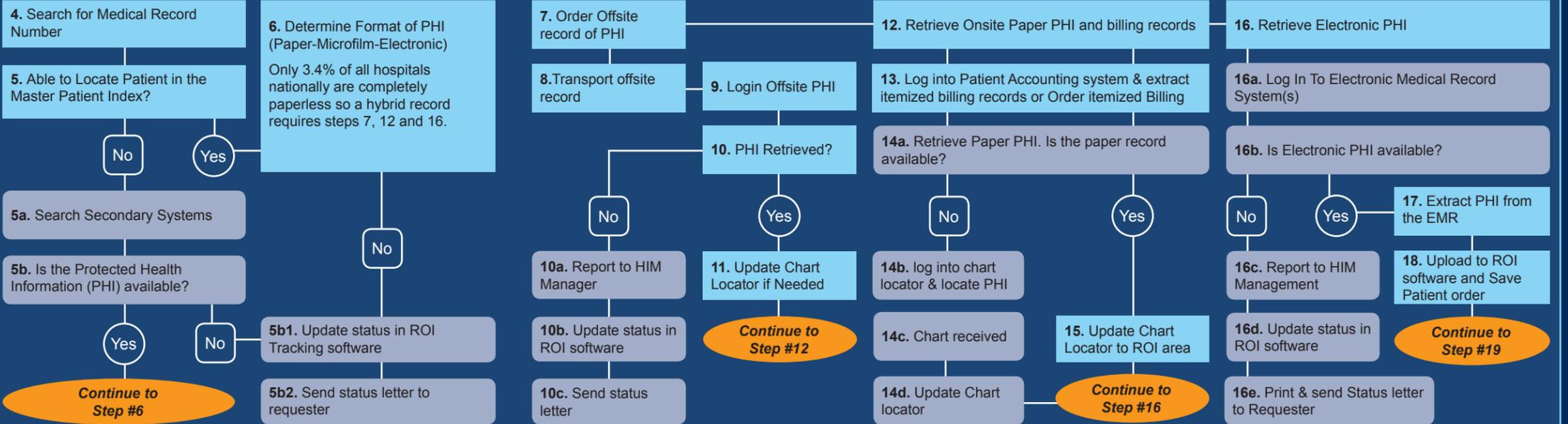
* Generally, \$50 - \$200 per request depending on the number of studies.

** Prepayment for \$250 flat fee; refund of difference between flat fee and no records fee (\$20) if no records located.

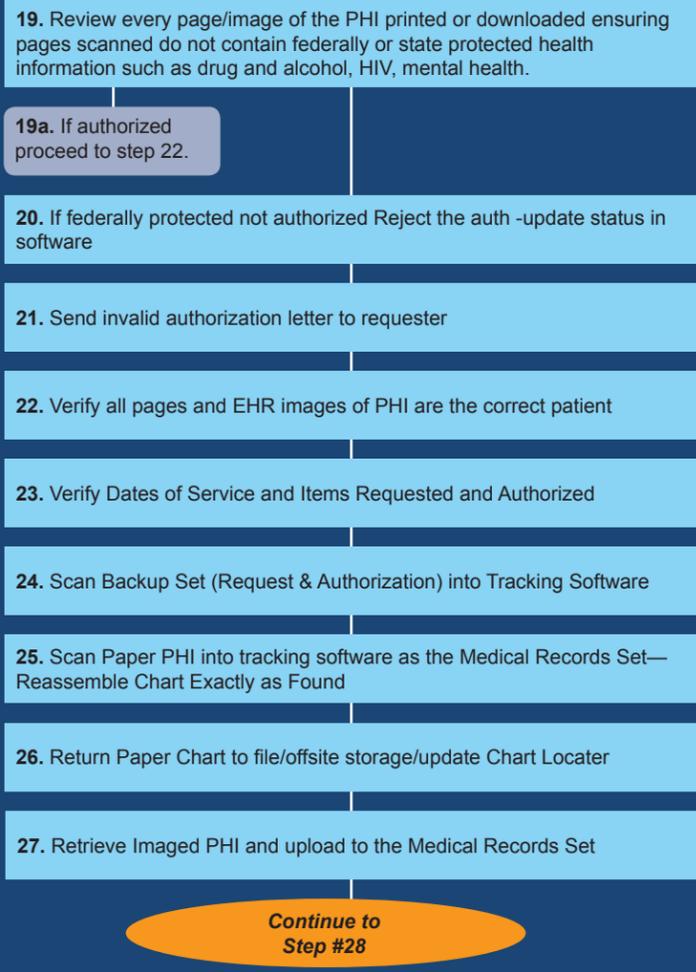
LOGGING, TRACKING & VERIFYING REQUEST



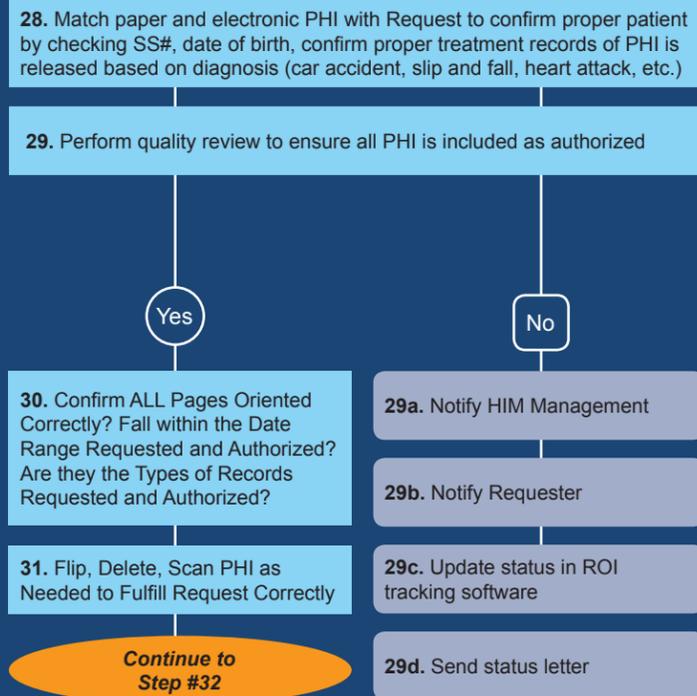
RETRIEVING PATIENT PROTECTED HEALTH INFORMATION



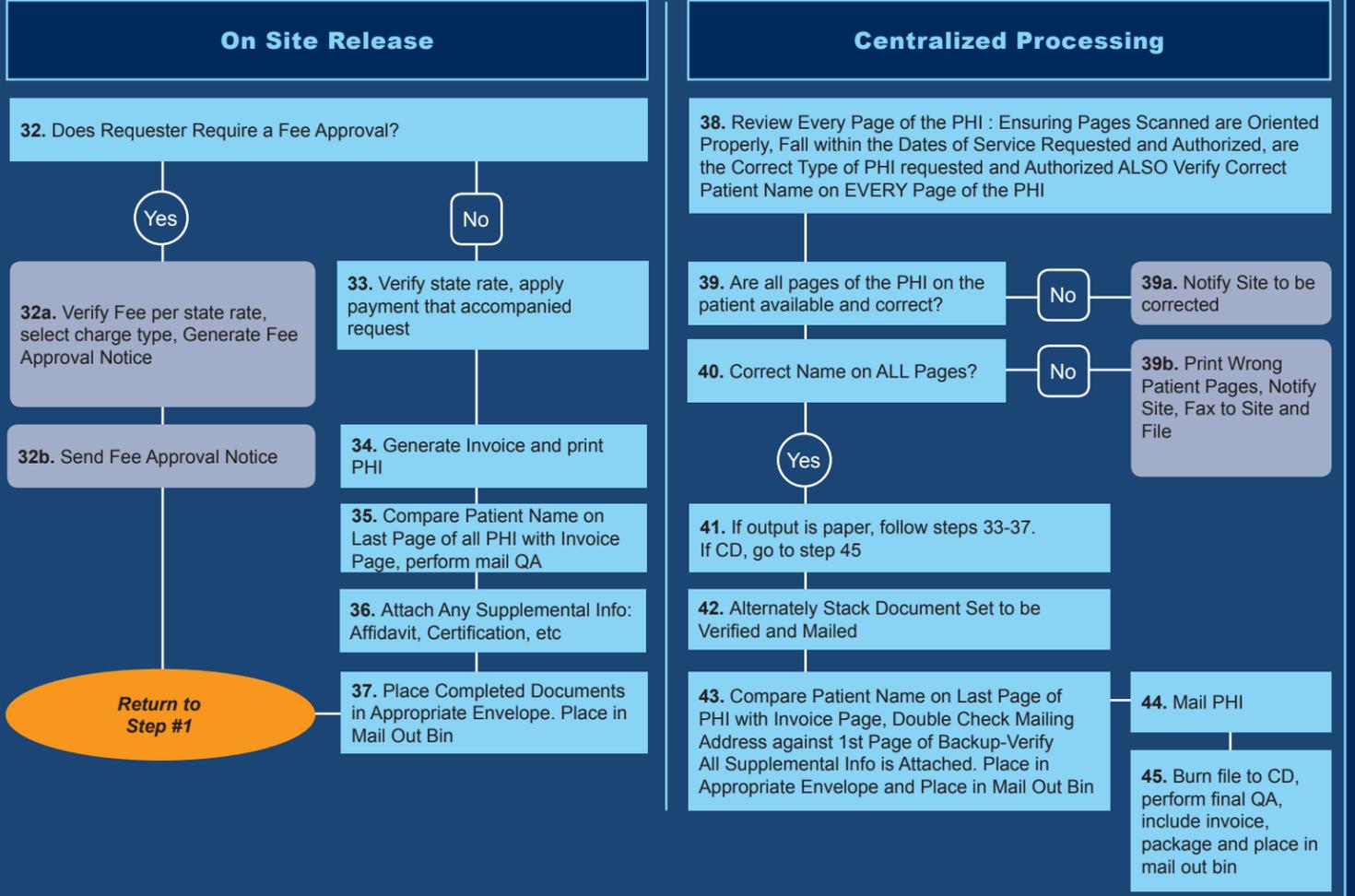
PROTECTING SENSITIVE INFORMATION



RELEASING AUTHORIZED INFORMATION



COMPLETING AND INVOICING THE REQUEST



February 24, 2026

Chair Jeff Backer
Chair Robert Bierman
Health Finance and Policy Committee
Capitol 120
St. Paul, MN 55155

Dear Chair Backer, Chair Bierman, and Committee Members:

My name is Elizabeth McElhiney, and I serve as Regulatory Chair for the Association of Health Information Operations and Standards (AHIOS). On behalf of AHIOS, I submit this written testimony in support of HF 2070 and its provisions addressing the costs associated with fulfilling health records requests.

AHIOS's mission is to ensure that healthcare organizations can meet their legal obligations to provide access to medical records without compromising patient privacy, data security, or operational stability. By partnering with an AHIOS member company, healthcare providers are able to manage an increasingly complex and regulated release-of-information (ROI) process while delivering secure, timely access to records for patients. These partnerships provide meaningful operational and financial relief at a time when providers face unprecedented administrative and economic pressures.

AHIOS member companies typically provide ROI services at no direct cost to healthcare organizations, operating instead under state-regulated fees paid by third-party requesters. This model has proven both effective and sustainable. As a result, more than 80 percent of hospitals nationwide and an estimated 50 percent of ambulatory clinics rely on ROI companies to ensure records are released accurately, securely, and in compliance with state and federal law.

The ROI Process Requires Skilled Human Labor

Despite continued progress toward electronic records and interoperability, medical records cannot be released through automation alone. The ROI process is highly regulated, detail-driven, and dependent on skilled human judgment. Healthcare organizations rely on ROI companies precisely because this work requires specialized expertise and continuous oversight.

AHIOS has mapped the ROI workflow and identified 45 distinct steps required to fulfill a single medical records request. These steps include identity verification, legal review, retrieval of records across multiple systems and formats, quality assurance, and secure delivery. Each step carries significant privacy, compliance, and liability considerations.

To meet these obligations, AHIOS member companies invest heavily in training ROI specialists to ensure proficiency in Minnesota law, federal law, provider-specific policies and procedures, industry best practices, customer service standards, and the handling of specially protected records, including genetic testing results and alcohol and drug treatment records. This work is not a nominal administrative function—it is skilled labor performed under strict regulatory requirements.

In parallel, AHIOS member companies have made substantial investments in secure, proprietary technologies that support the compliant collection, assembly, and transmission of protected health information. These systems are essential to maintaining accuracy and security while improving turnaround times and delivery options for patients and other authorized requesters.

Current Fee Structure Does Not Reflect Real Costs

The fee schedule that took effect on January 1, 2025—enacted during the 2024 legislative session—capped allowable charges for electronic copies of health records at \$20. This cap does not reflect the actual costs incurred when processing, reviewing, and securely transmitting sensitive patient information.

As currently structured, the fee cap shifts unavoidable administrative and labor costs onto healthcare providers. At a time when healthcare organizations are facing historic financial pressure, this approach is unsustainable and diverts limited resources away from patient care.

HF 2070 directly addresses this imbalance. By adjusting cost provisions to better reflect reasonable administrative expenses, the bill ensures that compliance with medical records obligations does not undermine provider operations or impose additional unreimbursed work. HF 2070 represents a practical and necessary correction that aligns policy with operational reality.

Conclusion



HF 2070 recognizes the real-world demands of modern medical records fulfillment, the skilled labor required to perform this work, and the importance of maintaining secure, compliant access to health information. For these reasons, AHIOS strongly urges the Committee to advance HF 2070.

We appreciate the opportunity to provide this testimony and stand ready to work with you and your colleagues to ensure Minnesota's policies continue to protect patient privacy while supporting healthcare providers' ability to meet their legal obligations.

Should you have any questions, please do not hesitate to contact me at emcelhiney@verisma.com.

Sincerely,

Elizabeth Notz McElhiney, MHA, CHPS, CPHIMS, CDH-L, CRIS, CC
Regulatory Chair, AHIOS

February 24, 2026

Honorable Jeff Backer, Co-Chair
Honorable Robert Bierman, Co-Chair
Health Finance & Policy Committee
2nd Floor, Centennial Office Building
St. Paul, MN 55155

Re: Support HF2070

Dear Chairs Backer and Bierman:

On behalf of MRO Corp (MRO), I would like to submit the following letter in **support of HF2070**.

For more than two decades, MRO has partnered to provide release of information (ROI) solutions on behalf of hospitals, health systems, physician practices, and other healthcare providers in Minnesota and across the country. MRO is the single source for smarter data™. Creating a smarter, more connected network where clinical data continuously learns, adapts, and accelerates performance. We unlock clinical data from silos, mobilizing its full value through trusted, precise, and purposeful connections—empowering every partner in the healthcare ecosystem to act with clarity, innovate with confidence, and deliver better care at greater speed. MRO works on behalf of providers to provide secure compliant clinical data exchange to payers and other healthcare data consumers while also unlocking its value through AI-enabled abstraction, clinical expertise, and insights. KLAS Research has named MRO the #1 provider of ROI services for twelve years, reflecting direct client feedback and reviews. We are connected to over 2,000 hospitals, 7,000 practices, 170,000 individual practitioners, 150+ health IT systems, and 200 payers.

Despite advances in interoperability, retrieval of protected health information (PHI) cannot be achieved with a single click of a mouse. Patient records may be spread across multiple information systems and may include paper records in various locations or other media. The ROI process involves 45+ specific steps, each presenting its own complexities and compliance risks.

In Minnesota, as well as other states, healthcare providers assign staff to perform ROI and/or partner with companies like MRO that utilize technology and skilled staff to disclose PHI securely, efficiently, and cost-effectively in accordance with applicable law. By outsourcing the administrative functions associated with ROI, healthcare providers can devote more of their resources to providing care to what is most important - their patients.

It is important to note that the Federal Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act control the fees for when a patient requests their own records (at nearly no cost) while state

statutes govern the fees charged to third party requesters. Patients and their personal representatives receive copies of their records for free or low cost. Providers and ROI vendors charge authorized third parties for copies of records. This distinction is important; the national healthcare privacy structure holds patient access separate from third-party access. Authorized third parties include a range of non-HIPAA entities, meaning they sit outside of the treatment and payment of a patient healthcare. They are entities typically accessing records for commercial use and may include personal injury attorneys, life insurers for underwriting, property and casualty insurers investigating and defending claims, copy services obtaining records for others, etc.

MRO, and others in the ROI industry, devote significant resources to fulfilling requests for PHI in a safe and secure manner on behalf of our healthcare provider clients and their patients. Supporting secure affordable health record access for patients and providers while protecting patient privacy is at the core of what MRO does.

HF2070 recognizes the importance of this approach to ROI and appropriately updates the regulatory framework for Minnesota patients, healthcare providers, and third-party requestors in the following ways:

- **HF2070 prioritizes patient access and privacy.** On behalf of Minnesota residents, skilled ROI staff produce records amid an increasingly complicated healthcare environment. ROI staff ensure that they are releasing only the information allowed by the patient. For example, patients have the right to not disclose information about their mental health, substance abuse history, HIV and AIDS status, or their reproductive health information. HF2070 recognizes healthcare providers and their ROI partners provide medical records in a highly trained, compliant manner that prioritizes protecting the privacy of Minnesota residents.
- **HF2070 protects against cost shifting to providers.** HF2070 updates fees that are charged to third party requesters. This ensures third-party rates adequately reflect the current complexity of the work to fulfill ROI requests and safeguard patients' sensitive data. Unlike previous legislation in Minnesota, HF2070 helps prevent cost shifts onto healthcare providers for this work.

Thank you for the opportunity to voice our support for **HF2070**.

Sincerely,



Adrienne B. Morrell

Vice President, Government Affairs

February 24, 2026

Minnesota Health Finance and Policy Committee

RE: Datavant's Testimony in SUPPORT OF HF 2070

Dear Chairs Backer and Bierman and Members of the Health Policy Committee

As the deputy general counsel and director of government relations for Datavant, the country's leading provider of release of health information services, I provide this written testimony to **SUPPORT HF 2070**.

Datavant is a release of information company providing release of health information services in all 50 states for over 3,000 of the country's largest hospitals and health systems and over 18,000 medical providers generally. Personally, I have worked in the industry for 13 plus years and provided testimony and general information regarding the necessity for electronic medical record fee schedules in over 25 states.

Before describing the release of health information process it is important to understand that patient fees are governed by HIPAA while third party requesters fees are governed by state law. The fees in your current law are not charged to patients requesting their own records. Patients are entitled to their entire file with limited exception so there is no required page by page review and HIPAA encourages patients to request their own records so the fee is therefore limited. However, third parties commonly use medical records to make financial decisions regarding things like life insurance underwriting, evaluation of general liability matters from an insured perspective, and other general liability matters from a claimant's perspective, such as, whether to take a patient's potential injury lawsuit (this could be workers compensation, personal injury, medical malpractice, disability, and product liability, etc...). These requests place an administrative and financial burden on healthcare providers who are trying to focus on their core competency of providing health care. This is why health care providers engage a release of health information vendor. Release of information vendors typically do not charge medical providers for release of information services because the laws in forty-five states, including Minnesota, permit the provider or their release of information vendor to charge the requester for the reproduction of medical records. The medical providers assign this statutory right to the release of information vendor. Therefore, these statutory fees are essential to making the current paradigm work efficiently to protect patient privacy in their health information.

Release of health information process is commonly misunderstood, especially by medical record requesters. They tend to believe that electronic records are easy to disclose by simply pushing a button and uploading a file and then sending the record via email. This couldn't be further from the truth. In reality, highly trained release of information specialists must validate the request letter, HIPAA authorization, subpoena, court order, power of attorney document, or whatever other documents we receive before we even locate the subject record. These legal documents can be very complex with third-party requests and simply including an apparent HIPAA authorization isn't enough. Before the record can be disclosed we have to be certain the requester is authorized under federal and state law to receive the records requested.

For example, in a wrongful death matter you will likely have in the request package: (1) an attorney letter explaining who the parties are and what is needed, (2) a certificate of death for the patient, (3) a court order demonstrating who the executor or administrator of the estate is, (4) possibly a Last Will and

Testament or Durable Power of Attorney, and hopefully, (5) a HIPAA signed authorization from the Executor or Administrator. It isn't sufficient to just identify that these documents are presented, we have to validate them and make certain the requester is entitled to the requested records. Also, it is important to note that the HIPAA authorization is typically not the form the hospital provides so we have to validate that the authorization includes the following in order to be valid under HIPAA:

1. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
2. The name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
3. The name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure.
4. A description of each purpose of the requested use or disclosure.
5. An expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure.
6. Signature of the individual and date.

Also, the authorization must include the following statements:

1. The individual's right to revoke the authorization in writing;
2. The ability or inability to condition treatment, payment, enrollment or eligibility for benefits on the authorization;
3. The potential for information disclosed pursuant to the authorization to be subject to redisclosure by the recipient and no longer protected by HIPAA.

See 45 CFR 164.508(c).

Next, we have to identify the patient Medical Record Number in the patient index software, which is separate and distinct from the electronic health record software. We use that patient index number to locate the subject records in the electronic health record software (EHR).

We then begin reviewing the records to identify the records requested and authorized by the patient to be disclosed to a third party. If we identify highly sensitive information, such as mental health treatment, substance use and abuse testing and treatment, HIV/AIDS testing and treatment, in the file we confirm if the highly sensitive information is authorized for release on the HIPAA authorization form. We also are making sure every scanned record uploaded to the EHR is that of the patient. Many people are not aware that EHRs often contain information that has been scanned and uploaded. This could include records the provider requested from other treating providers that may not be on the same EHR. Which leads me to the next point. Many providers, especially large health systems, have legacy EHR systems so we as the release of information vendors have to check all legacy systems for the requested records. It is not sufficient to check just one EHR and if you do or do not locate the patient's records you still have to check the other EHRs. This tedious work of signing in and out of multiple EHRs and performing page by page review requires a degree of expertise, patience, and professionalism, hence justifying the per page fee, even for electronic records. If these steps are not taken the patient's privacy could be breached.

As we work our way through the electronic medical record we also have to convert the acceptable records for disclosure into PDF format for secure delivery through our secure internet portal. The data in the EHR is not capable of being read on a standard computer that doesn't have the same software. Therefore, Datavant had to create its own proprietary software to convert the unstructured data into a universally readable format, typically a pdf. For a more thorough explanation and easy to follow flow chart of the

steps involved in producing a copy of an electronic medical record please see the attached 45 step process.

I'd like to now share some information about other states. Currently, twenty-two states specifically regulate fees for producing an electronic copy of a medical record to a third-party requester. Many of those states prescribe a per page fee for electronic records so that requesters and providers alike will be able to easily calculate the proper fee for the record rather than using vague terms that no one will agree upon like "reasonable fee". Next, most states permit a search and handling fee for validating the request and locating the patient medical record number and subsequently, the records. As discussed, there is quite a bit of work involved in simply validating the request documents and locating the medical record number and the search and handling fee is intended to reimburse for this necessary work. You would likely be surprised how often requesters go on fishing expeditions for records and we do not locate any record despite being required to validate the documents and look for the record. This work would go unreimbursed without a proper search and handling fee. These fees are then typically capped for electronic records at several hundred dollars. Despite many states using the per page fee for medical records, some states have recently begun prescribing a flat fee for an electronic record regardless of page count.

In conclusion, Datavant believes the request in HF 2070 is reasonable and should be supported by the Health Finance and Policy Committee. Datavant greatly appreciates the Health Finance and Policy Committee considering updating the release of information statutes.

Thank you for considering this testimony and voting **YES on HF 2070** as presented.

Respectfully submitted,

Kyle Probst
Deputy General Counsel and Director of Government Relations
Datavant

February 24, 2026

Co-Chair Jeff Backer
Committee on Health Finance and Policy
2nd Floor, Centennial Office Building
St. Paul, MN 55155

Dear Co-Chairs Backer and Bierman and Members of the House Health Committee,

On behalf of Minnesota's physical therapists and physical therapist assistants, APTA-MN respectfully submits this letter in support of HF 2070.

Physical therapists serve patients in a range of clinical environments and regularly address medical record requests from patients, insurers, attorneys, and other authorized entities.

Such requests are essential to ensuring effective care coordination and continuity. HF 2070 establishes a more definitive, standardized process for determining medical record fees, which offers greater consistency and predictability in fulfilling these requests.

The bill maintains critical patient protections, including complimentary access for individuals seeking their records to review current treatment. Furthermore, it introduces clear guidelines regarding permissible fees, thereby promoting transparency and administrative clarity.

By providing increased structure to statutes impacting providers throughout multiple practice settings, HF 2070 advances important improvements in healthcare operations. We respectfully request your favorable consideration and support of this legislation.

Sincerely,



Melanie Brennan, PT, DPT
APTA Minnesota President



February 23, 2026

Representative Jeff Backer, Co-Chair
Health Finance & Policy Committee
2nd Floor, Centennial Office Building
St. Paul, MN 55155

Representative Robert Bierman, Co-Chair
Health Finance & Policy Committee
5th Floor, Centennial Office Building
St. Paul, MN 5515

Dear Chairs Backer and Bierman,

On behalf of the Minnesota Dental Association, please support HF2070.

Dental practices support HF2070 because it reflects the real work involved when clinics respond to third-party records requests and the responsibility providers have to protect patient privacy. Releasing patient records is not as simple as printing a chart. Staff must confirm the authorization, locate and review records, pull older files when needed, and send the information securely to meet state and federal requirements. In dentistry, this often means gathering years of treatment history and exporting large x-ray and imaging files from specialized systems.

It is also important to distinguish between patient access and third-party access. Patients receive their records at no cost. Most large or complex requests come from third parties such as attorneys or other authorized entities, and those are typically the parties paying these fees. For dental clinics, responding to these requests takes up staff time and technical resources. At a time when many practices are dealing with staffing shortages and tight margins, fee structures should reflect the work involved so clinics can handle requests without taking time and resources away from patient care.

HF2070 helps ensure that those requesting large volumes of records are responsible for the cost of that work. It supports strong patient privacy protections, reduces administrative strain, and helps ensure dental practices are fairly compensated for the time and resources needed to securely manage records requests.

Sincerely,

A handwritten signature in black ink that reads "Dan Murphy".

Dan Murphy, MPP
Director of Government Affairs
dmurphy@mndental.org
612-767-4255

About the Minnesota Dental Association

The Minnesota Dental Association is the voice of dentistry in Minnesota, representing practicing dentists. It is committed to the highest standards of oral health and access to care for all Minnesotans. Learn more at: www.mndental.org.



Dear Chairs Backer and Bierman,

On behalf of the Minnesota Chiropractic Association, I write in support of HF2070.

Chiropractic clinics across Minnesota routinely respond to requests for patient health records from third parties, including attorneys, insurers, and other authorized entities. Chiropractors are frequently involved in the treatment of injuries that implicate liability insurers, including no fault automobile claims and workers compensation cases. As a result, chiropractic clinics regularly receive records requests connected to active insurance claims and litigation.

While patients continue to receive access to their records at no cost, third-party requests often involve significant administrative work and technical resources that extend well beyond simply transmitting a file.

Under current law, reimbursement for electronic records requests is capped at \$20. Electronic files are now the primary format for storing patient health records. However, the compliance obligations associated with releasing an electronic record are not meaningfully different from those associated with paper records. Clinic staff must verify proper authorization, review records for completeness and accuracy, retrieve archived materials when necessary, and ensure secure transmission in compliance with state and federal privacy laws.

In chiropractic practices, this frequently includes compiling multiyear treatment histories, diagnostic imaging reports, outcome assessments, and exporting digital imaging files from electronic health record systems. These files can be large and must be handled carefully to ensure secure delivery. The process requires trained administrative staff and secure systems infrastructure, regardless of whether the final product is a paper copy or an electronic file.

It is important to distinguish between patient-directed access and third-party bulk or complex requests. The latter are typically initiated for litigation, claims processing, or other commercial purposes and are generally paid for by the requesting entity, not the patient. When reimbursement is artificially limited, particularly with the \$20 cap for electronic records, clinics are forced to absorb the remaining administrative costs. This diverts staff time and resources away from patient care.

Many chiropractic practices are small, community-based health care businesses operating with lean staffing models and tight margins. HF2070 recognizes the real costs associated with responding to third-party records requests and helps ensure that providers are fairly compensated for the time, labor, and secure infrastructure required to fulfill those requests responsibly.

By aligning allowable fees with the actual work involved, regardless of format, HF2070 supports strong patient privacy protections, reduces administrative strain on health care providers, and ensures that the costs of large or complex record requests are borne by those who initiate them.

For these reasons, the Minnesota Chiropractic Association respectfully urges your support for HF2070.

Sincerely,

A handwritten signature in black ink that reads "Chuck Sawyer". The signature is written in a cursive, flowing style.

Chuck Sawyer, DC
Legislative Committee Chair
Minnesota Chiropractic Association