

**Second Regular Session
Seventy-fifth General Assembly
STATE OF COLORADO**

REVISED

*This Version Includes All Amendments Adopted
on Second Reading in the Second House*

LLS NO. 26-0458.01 Chelsea Princell x4335

HOUSE BILL 26-1414

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A BILL FOR AN ACT

101 **CONCERNING THE PROVISION OF MEDICAL RECORDS IN THE CUSTODY**
102 **OF CERTAIN HEALTH-CARE ENTITIES.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill caps the amount that a health-care entity or health-care provider may charge for a record request made by a patient's attorney or personal representative, pursuant to an authorization in compliance with the federal "Health Insurance Portability and Accountability Act of 1996", a valid subpoena, or a valid court order, if the requested record exceeds 664 pages at \$400 unless the record request requires the health-care

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
*Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.*

SENATE
2nd Reading Unamended
May 7, 2026

HOUSE
3rd Reading Unamended
April 30, 2026

HOUSE
Amended 2nd Reading
April 29, 2026

facility or health-care provider to segregate, withhold, or redact protected health information in order to comply with applicable law or the scope or limitations of the authorization in compliance with the federal "Health Insurance Portability and Accountability Act of 1996", a valid subpoena, or a valid court order, in which case the health-care entity or health-care provider may charge a reasonable fee.

The bill requires the requested medical records to be delivered in electronic format if certain conditions are met.

The bill requires that all medical records be provided in response to a request for medical records within 30 days after the health-care entity receives payment for the request.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, 25-1-801, **amend**
3 **(1)(b)(I)(A); and add (1)(b)(III), (1)(b)(IV), (1)(e), (1)(f), and (1)(g) as**
4 **follows:**

5 **25-1-801. Patient records in custody of health-care facility -**
6 **definitions.**

7 (1) (b) (I) (A) A health facility licensed or certified pursuant to
8 section 25-1.5-103 (1) or article 3 of this title, ~~or both,~~ TITLE 25 or an
9 entity regulated under title 10, ~~C.R.S.~~, providing health-care services, as
10 defined in section 10-16-102, ~~(33), C.R.S.~~, directly or indirectly through
11 a managed care plan, as defined in section 10-16-102 ~~(43), C.R.S.~~, or
12 otherwise, must provide copies of a patient's medical records, including
13 X rays, to the patient or the patient's personal representative upon request
14 and payment of the fee a covered entity may impose in accordance with
15 the "Health Insurance Portability and Accountability Act of 1996", Pub.L.
16 104-191, as amended, and any rules promulgated pursuant to the act, or
17 to a third person who requests the records upon submission of a
18 HIPAA-compliant authorization, valid subpoena, or court order and upon
19 the payment of the reasonable fees. FOR A REQUEST NOT EXCEEDING SIX

1 HUNDRED SIXTY-FOUR PAGES, THE FEES CHARGED TO A THIRD PERSON
2 SHALL NOT EXCEED THE REASONABLE FEES.

3 (III) THE TOTAL SUM OF FEES THAT A HEALTH-CARE FACILITY MAY
4 CHARGE AND COLLECT FOR A RECORD REQUEST MADE BY AN ATTORNEY
5 WHO REPRESENTS THE PATIENT OR THE ATTORNEY OF THE PATIENT'S
6 PERSONAL REPRESENTATIVE, PURSUANT TO A SUBMISSION OF AN
7 AUTHORIZATION IN COMPLIANCE WITH THE FEDERAL "HEALTH INSURANCE
8 PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L. 104-91; A
9 VALID SUBPOENA; OR A VALID COURT ORDER, IF THE REQUESTED RECORD
10 EXCEEDS SIX HUNDRED SIXTY-FOUR PAGES, MUST NOT EXCEED FOUR
11 HUNDRED DOLLARS.

12 (IV) ON JANUARY 1, 2028, AND EVERY JANUARY 1 EVERY
13 EVEN-NUMBERED YEAR THEREAFTER, THE FOUR-HUNDRED-DOLLAR LIMIT
14 SET FORTH IN SUBSECTION (1)(b)(III) OF THIS SECTION MUST BE ADJUSTED
15 FOR INFLATION. THE ADJUSTED LIMIT MUST BE ROUNDED TO THE NEAREST
16 WHOLE DOLLAR. THE SECRETARY OF STATE SHALL PUBLISH THE ADJUSTED
17 LIMIT ON ITS WEBSITE NO LATER THAN OCTOBER 1 OF EVERY YEAR THE
18 LIMIT IS SUBJECT TO AN ADJUSTMENT. THE ADJUSTED LIMIT MUST NOT BE
19 DECREASED BELOW FOUR HUNDRED DOLLARS. AS USED IN THIS
20 SUBSECTION (1)(b)(IV), "INFLATION" MEANS THE ANNUAL PERCENTAGE
21 CHANGE IN THE UNITED STATES DEPARTMENT OF LABOR'S BUREAU OF
22 LABOR STATISTICS CONSUMER PRICE INDEX FOR
23 DENVER-AURORA-LAKEWOOD FOR ALL ITEMS PAID BY ALL URBAN
24 CONSUMERS, OR ITS SUCCESSOR INDEX.

25 (e) SUBSECTION (1)(b)(III) OF THIS SECTION DOES NOT APPLY IF A
26 HEALTH-CARE FACILITY IS REQUIRED TO SEGREGATE, WITHHOLD, OR
27 REDACT PROTECTED HEALTH INFORMATION FROM THE REQUESTED RECORD

1 TO COMPLY WITH APPLICABLE LAW OR WITHIN THE SCOPE OR LIMITATIONS
2 DETAILED IN SUBSECTION (1)(b)(III) OF THIS SECTION.

3 (f) (I) THE HEALTH-CARE FACILITY SHALL DELIVER THE MEDICAL
4 RECORDS IN ELECTRONIC FORMAT, UPON REQUEST AND PAYMENT OF THE
5 FEES DETAILED IN THIS SUBSECTION (1), IF:

6 (A) THE INDIVIDUAL OR ENTITY REQUESTS ELECTRONIC FORMAT;

7 (B) THE ORIGINAL MEDICAL RECORDS ARE STORED IN ELECTRONIC
8 FORMAT; AND

9 (C) THE MEDICAL RECORDS ARE READILY PRODUCIBLE IN
10 ELECTRONIC FORMAT.

11 (II) AN INVOICE FOR ALL RECORDS PROVIDED IN RESPONSE TO A
12 REQUEST FOR MEDICAL RECORDS MUST BE PROVIDED TO THE REQUESTOR
13 WITHIN THIRTY DAYS OF RECEIVING A VALID REQUEST, AND THE RECORDS
14 MUST BE PROVIDED UPON PAYMENT OF THE INVOICE.

15 (III) IF A HEALTH-CARE FACILITY IS UNABLE TO PROVIDE ACCESS
16 TO MEDICAL RECORDS WITHIN THIRTY DAYS, AS REQUIRED BY SUBSECTION
17 (1)(f)(II) OF THIS SECTION, THE HEALTH-CARE FACILITY MAY EXTEND THE
18 TIME FRAME FOR PROVIDING RECORDS BY AN ADDITIONAL THIRTY DAYS
19 AND THE HEALTH-CARE FACILITY MUST NOTIFY THE REQUESTOR IN
20 WRITING OF THE EXTENSION WITHIN THE INITIAL THIRTY-DAY PERIOD.

21 (IV) A RECORD NOT PROVIDED WITHIN THIRTY DAYS OR WITHOUT
22 WRITTEN NOTIFICATION OF A THIRTY-DAY EXTENSION MUST BE PROVIDED
23 TO THE REQUESTOR AT NO COST, ABSENT AN INDEPENDENT INTERVENING
24 FORCE MAJEURE THAT RENDERS THE REQUESTED RECORDS INACCESSIBLE,
25 IRRETRIEVABLE, OR UNDELIVERABLE WITHIN THE REQUIRED TIME
26 FRAME. IF A HEALTH-CARE FACILITY IS UNABLE TO COMPLY WITH A
27 REQUEST FOR MEDICAL RECORDS WITHIN THE TIME REQUIRED PURSUANT

1 TO THIS SUBSECTION (1)(f)(IV) DUE TO A FORCE MAJEURE EVENT, THE
2 FACILITY SHALL PROVIDE WRITTEN NOTICE TO THE REQUESTOR. THE
3 NOTICE MUST BE GIVEN AS SOON AS REASONABLY PRACTICABLE, BUT NOT
4 LATER THAN FIVE BUSINESS DAYS AFTER THE FACILITY BECOMES AWARE
5 OF THE FORCE MAJEURE EVENT. FOR EXISTING REQUESTS, OR NOT LATER
6 THAN FIVE BUSINESS DAYS AFTER RECEIPT OF A NEW REQUEST, THE THIRTY
7 DAY TIME PERIOD TO RESPOND TO A REQUEST FOR RECORDS COMMENCES
8 UPON RESOLUTION OF THE FORCE MAJEURE EVENT. THE ENTITY SHALL
9 NOTIFY THE REQUESTOR WITHIN FIVE BUSINESS DAYS AFTER THE FORCE
10 MAJEURE EVENT HAS BEEN RESOLVED. ALL NOTICES REQUIRED PURSUANT
11 TO THIS SUBSECTION (1)(f)(IV) MUST BE DELIVERED IN THE SAME FORMAT
12 IN WHICH IT WAS RECEIVED. AS USED IN THIS SUBSECTION (1)(f)(IV),
13 "FORCE MAJEURE" MEANS A FACTOR OUTSIDE THE PARTIES' CONTROL THAT
14 MEANS PERFORMANCE OF THE TASK IS IMPOSSIBLE OR IMPRACTICABLE AS
15 A RESULT OF AN EVENT OR EFFECT THAT THE PARTIES COULD NOT HAVE
16 ANTICIPATED OR CONTROLLED.

17 (g) NOTHING IN SUBSECTION (1)(b), (1)(e), OR (1)(f) OF THIS
18 SECTION REQUIRES A HEALTH-CARE FACILITY TO DISCLOSE INFORMATION
19 THAT IS PRIVILEGED, CONFIDENTIAL, OR PROTECTED FROM DISCOVERY OR
20 ADMISSION UNDER STATE OR FEDERAL LAW, INCLUDING PURSUANT TO
21 SECTIONS 12-30-204 AND 25-3-109, OR 42 U.S.C. SEC. 1320c-1.

22 **SECTION 2.** In Colorado Revised Statutes, 25-1-802, **amend**
23 **(1)(b)(I)(A); and add (1)(b)(III), (1)(b)(IV), (1)(e), (1)(f), and (1)(g) as**
24 **follows:**

25 **25-1-802. Patient records in custody of individual health-care**
26 **providers - definitions.**

27 (1) (b) (I) (A) A health facility licensed or certified pursuant to

1 section 25-1.5-103 (1) or article 3 of this title, ~~or both,~~ TITLE 25, or an
2 entity regulated under title 10, ~~C.R.S.~~, providing health-care services, as
3 defined in section 10-16-102, ~~(33), C.R.S.~~, directly or indirectly through
4 a managed care plan, as defined in section 10-16-102 ~~(43), C.R.S.~~, or
5 otherwise, must provide copies of a patient's medical records, including
6 X rays, to the patient or the patient's personal representative upon request
7 and payment of the fee a covered entity may impose in accordance with
8 the "Health Insurance Portability and Accountability Act of 1996", Pub.L.
9 104-191, as amended, and any rules promulgated pursuant to the act, or
10 to a third person who requests the records upon submission of a
11 HIPAA-compliant authorization, valid subpoena, or court order and upon
12 the payment of the reasonable fees. FOR A REQUEST NOT EXCEEDING SIX
13 HUNDRED SIXTY-FOUR PAGES, THE FEES CHARGED TO A THIRD PERSON
14 SHALL NOT EXCEED THE REASONABLE FEES.

15 (III) THE TOTAL SUM OF FEES THAT A HEALTH-CARE PROVIDER
16 MAY CHARGE AND COLLECT FOR A RECORD REQUEST MADE BY AN
17 ATTORNEY WHO REPRESENTS THE PATIENT OR THE ATTORNEY OF THE
18 PATIENT'S PERSONAL REPRESENTATIVE, PURSUANT TO A SUBMISSION OF AN
19 AUTHORIZATION IN COMPLIANCE WITH THE FEDERAL "HEALTH INSURANCE
20 PORTABILITY AND ACCOUNTABILITY ACT OF 1996", PUB.L. 104-91, A
21 VALID SUBPOENA, OR A VALID COURT ORDER, IF THE REQUESTED RECORD
22 EXCEEDS SIX HUNDRED SIXTY-FOUR PAGES, MUST NOT EXCEED FOUR
23 HUNDRED DOLLARS.

24 (IV) ON JANUARY 1, 2028, AND EVERY JANUARY 1 EVERY EVEN-
25 NUMBERED YEAR THEREAFTER, THE FOUR-HUNDRED-DOLLAR LIMIT SET
26 FORTH IN SUBSECTION (1)(b)(III) OF THIS SECTION MUST BE ADJUSTED FOR
27 INFLATION. THE ADJUSTED LIMIT MUST BE ROUNDED TO THE NEAREST

1 WHOLE DOLLAR. THE SECRETARY OF STATE SHALL PUBLISH THE ADJUSTED
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4 DECREASED BELOW FOUR HUNDRED DOLLARS. AS USED IN THIS
5 SUBSECTION (1)(b)(IV), "INFLATION" MEANS THE ANNUAL PERCENTAGE
6 CHANGE IN THE UNITED STATES DEPARTMENT OF LABOR'S BUREAU OF
7 LABOR STATISTICS CONSUMER PRICE INDEX FOR
8 DENVER-AURORA-LAKEWOOD FOR ALL ITEMS PAID BY ALL URBAN
9 CONSUMERS, OR ITS SUCCESSOR INDEX.

10 (e) SUBSECTION (1)(b)(III) OF THIS SECTION DOES NOT APPLY IF A
11 HEALTH-CARE PROVIDER IS REQUIRED TO SEGREGATE, WITHHOLD, OR
12 REDACT PROTECTED HEALTH INFORMATION FROM THE REQUESTED RECORD
13 TO COMPLY WITH APPLICABLE LAW OR WITHIN THE SCOPE OR LIMITATIONS
14 DETAILED IN SUBSECTION (1)(b)(III) OF THIS SECTION.

15 (f) (I) THE HEALTH-CARE PROVIDER SHALL DELIVER THE MEDICAL
16 RECORDS IN ELECTRONIC FORMAT, UPON REQUEST AND PAYMENT OF THE
17 FEES DETAILED IN THIS SUBSECTION (1), IF:

18 (A) THE INDIVIDUAL OR ENTITY REQUESTS ELECTRONIC FORMAT;

19 (B) THE ORIGINAL MEDICAL RECORDS ARE STORED IN ELECTRONIC
20 FORMAT; AND

21 (C) THE MEDICAL RECORDS ARE READILY PRODUCIBLE IN
22 ELECTRONIC FORMAT.

23 (II) AN INVOICE FOR ALL RECORDS PROVIDED IN RESPONSE TO A
24 REQUEST FOR MEDICAL RECORDS MUST BE PROVIDED TO THE REQUESTOR
25 WITHIN THIRTY DAYS OF RECEIVING A VALID REQUEST, AND THE RECORDS
26 MUST BE PROVIDED UPON PAYMENT OF THE INVOICE.

27 (III) IF A HEALTH-CARE PROVIDER IS UNABLE TO PROVIDE ACCESS

1 TO MEDICAL RECORDS WITHIN THIRTY DAYS, AS REQUIRED BY SUBSECTION
2 (1)(f)(II) OF THIS SECTION, THE HEALTH-CARE PROVIDER MAY EXTEND THE
3 TIME FRAME FOR PROVIDING RECORDS BY AN ADDITIONAL THIRTY DAYS
4 AND THE HEALTH-CARE PROVIDER MUST NOTIFY THE REQUESTOR IN
5 WRITING OF THE EXTENSION WITHIN THE INITIAL THIRTY-DAY PERIOD.

6 (IV) A RECORD NOT PROVIDED WITHIN THIRTY DAYS OR WITHOUT
7 WRITTEN NOTIFICATION OF A THIRTY-DAY EXTENSION MUST BE PROVIDED
8 TO THE REQUESTOR AT NO COST, ABSENT AN INDEPENDENT INTERVENING
9 FORCE MAJEURE THAT RENDERS THE REQUESTED RECORDS INACCESSIBLE,
10 IRRETRIEVABLE, OR UNDELIVERABLE WITHIN THE REQUIRED TIME
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16 LATER THAN FIVE BUSINESS DAYS AFTER THE FACILITY BECOMES AWARE
17 OF THE FORCE MAJEURE EVENT. FOR EXISTING REQUESTS, OR NOT LATER
18 THAN FIVE BUSINESS DAYS AFTER RECEIPT OF A NEW REQUEST, THE THIRTY
19 DAY TIME PERIOD TO RESPOND TO A REQUEST FOR RECORDS COMMENCES
20 UPON RESOLUTION OF THE FORCE MAJEURE EVENT. THE ENTITY SHALL
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26 MEANS PERFORMANCE OF THE TASK IS IMPOSSIBLE OR IMPRACTICABLE AS
27 A RESULT OF AN EVENT OR EFFECT THAT THE PARTIES COULD NOT HAVE

1 ANTICIPATED OR CONTROLLED.

2 (g) NOTHING IN SUBSECTION (1)(b), (1)(e), OR (1)(f) OF THIS
3 SECTION REQUIRES A HEALTH-CARE PROVIDER TO DISCLOSE INFORMATION
4 THAT IS PRIVILEGED, CONFIDENTIAL, OR PROTECTED FROM DISCOVERY OR
5 ADMISSION UNDER STATE OR FEDERAL LAW, INCLUDING PURSUANT TO
6 SECTIONS 12-30-204 AND 25-3-109, OR 42 U.S.C. SEC. 1320c.

7 **SECTION 3. Act subject to petition - effective date.** This act
8 takes effect at 12:01 a.m. on the day following the expiration of the
9 ninety-day period after final adjournment of the general assembly (August
10 12, 2026, if adjournment sine die is on May 13, 2026); except that, if a
11 referendum petition is filed pursuant to section 1 (3) of article V of the
12 state constitution against this act or an item, section, or part of this act
13 within such period, then the act, item, section, or part will not take effect
14 unless approved .by the people at the general election to be held in
15 November 2026 and, in such case, will take effect on the date of the
16 official declaration of the vote thereon by the governor.