

**REVENUE: No revenue impact**

**FISCAL: No fiscal impact**

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<b>Action:</b>	Do Pass as Amended and Be Printed Engrossed
<b>Vote:</b>	9 - 0 - 0
<b>Yeas:</b>	Bonamici, Bruun, Cannon, Flores, Gelser, Kotek, Maurer, Richardson, Greenlick
<b>Nays:</b>	0
<b>Exc.:</b>	0
<b>Prepared By:</b>	Sandy Thiele-Cirka, Administrator
<b>Meeting Dates:</b>	3/19 (Access sub), 3/23 (Full), 4/5 (Policy sub), 5/14 (Full); 5/29 (Full)

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**WHAT THE MEASURE DOES:** Permits the exchange of specified protected health information between health service organizations and state health plan for the purpose of providing integrated behavioral and/or physical health care services to clients. Requires Department of Human Services (DHS) to obtain signed acknowledgement from clients that their health information may be shared. Directs DHS to adopt rules that define the specified health information and disclosure document. Declares emergency, takes effect upon passage.

**ISSUES DISCUSSED:**

- Improving health care outcomes by integrating care
- Importance of increasing access to patients
- Member data is critical component for program improvements
- Important tool for bridging current gaps
- Concerns relating to obtaining patient consent
- Concerns relating to protecting patients' personal health information

**EFFECT OF COMMITTEE AMENDMENT:** Specifies health information that may be shared between health service organizations and the state health plan. Requires Department of Human Services (DHS) to obtain signed acknowledgement from clients that their health information may be shared. Directs DHS to adopt rules that define the specified health information and disclosure document.

**BACKGROUND:** Currently, the DHS Division of Medical Assistance Programs (DMAP) contracts with various prepaid managed health service organizations to deliver chemical dependency, dental, physical and mental health treatment/care to its clients.

DHS clients authorize DHS to exchange personal health information with their physical, dental, behavioral and mental health care providers. However, there is no mechanism in place to allow the various health services organizations to share information with each other without their mutual patient's authorization for each exchange. One provider may not be aware of, nor be able to see records about, the treatment prescribed at the other organization.

SB 163B allows the exchange of specific health information between contracted managed care organizations without requiring additional, individual, patient authorizations. However, the information that may be shared without the patient's consent is minimal.