

# HOUSE BILL REPORT

## HB 2025

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### As Amended by the Senate

**Title:** An act relating to sharing of health care information to promote coordination of behavioral and medical care services.

**Brief Description:** Sharing health care information.

**Sponsors:** Representatives Orwall, Hinkle, Dickerson, Green, Appleton, Driscoll, Morrell, Kagi, Van De Wege and Kenney.

#### **Brief History:**

##### **Committee Activity:**

Human Services: 2/16/09, 2/18/09 [DP].

##### **Floor Activity**

Passed House: 2/27/09, 94-0.

Senate Amended.

Passed Senate: 4/7/09, 44-0.

#### **Brief Summary of Bill**

- Allows treatment records, except psychotherapy notes, to be released, without the patient's consent, to a licensed health care professional who is providing or anticipates providing health care for a person who has both medical and behavioral health care needs in order to coordinate care for that patient.

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### HOUSE COMMITTEE ON HUMAN SERVICES

**Majority Report:** Do pass. Signed by 8 members: Representatives Dickerson, Chair; Orwall, Vice Chair; Dammeier, Ranking Minority Member; Green, Klippert, Morrell, O'Brien and Walsh.

**Staff:** Linda Merelle (786-7092)

#### **Background:**

In Washington, all treatment records, with a few exceptions, shall remain confidential. They may be released only to persons designated by statute or to other persons designated in an

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informed written consent of the patient. In some circumstances, treatment records may be released without the consent of the patient. Such records, however, remain confidential.

Treatment records may be released without consent as follows:

- to a person, organization or agency as necessary for management or financial audits or program monitoring and evaluation;
- to the Department of Social and Health Services (DSHS) when necessary to be used for billing or collection purposes;
- for research as permitted under statute;
- pursuant to a lawful order of the court;
- to qualified staff members to determine the progress and adequacy of treatment and to determine whether the person should be transferred to a less restrictive or more appropriate treatment modality or facility;
- to persons working within the treatment facility where the patient is receiving treatment;
- within the DSHS as necessary to coordinate treatment for mental illness, developmental disabilities, alcoholism, or drug abuse;
- to a licensed physician who has determined that the life or health of the person is in danger and that treatment without the information could be injurious to the patient's health;
- to a facility that is to receive a person who is involuntarily committed under RCW 71.05;
- to a correctional facility for limited purposes;
- to the person's counsel or guardian ad litem in order to prepare for involuntary commitment proceedings;
- limited information to staff members of non-profit advocacy agencies for the purpose of protecting and advocating the rights of persons with mental disorders or developmental disabilities; or
- the DSHS may release information acquired for billing and collection purposes to coordinate care.

### **Summary of Bill:**

In addition to the existing statutory provisions for the release of treatment records without a patient's consent, treatment records may be released to a licensed health care professional who is providing or anticipates providing health care to a person with both medical and behavior health care needs. Such treatment records may only be released for the purpose of coordinating care and treatment of that person. Thus, a healthcare professional providing medical treatment may coordinate with a healthcare professional providing mental health treatment to provide care for a common patient. Psychotherapy notes may not be released without authorization of the person who is the subject of the request for release of information.

### **EFFECT OF SENATE AMENDMENT(S):**

Clarifies which health care professionals may receive medical information regarding a patient without the patient's consent; specifies that the health care professional may only receive such information if they are already providing treatment or have received a referral for treatment for the patient who is the subject of the medical information; allows medical

information to also be provided to administrative and office staff of health care professionals covered in this act.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.

**Staff Summary of Public Testimony:**

(In support) Persons with mental illness are dying at a much younger age than the rest of the population. This bill allows the coordination of care between practitioners so that a health care professional who provides care for mental health needs can be aware of a patient's concurrent medical needs. This bill provides a lot of protection for the patient and a way to provide important information. The bill is written in a way that makes it clear that only the information necessary for the coordination of care may be shared. It is only shared between licensed health care professionals. Clients would receive advance notification under the Health Insurance Portability and Accountability Act and would have an opportunity to opt out.

(Opposed) None.

**Persons Testifying:** Representative Orwall, prime sponsor; Sharon Farmer, King County; and Eleanor Owen, National Alliance on Mental Illness – Greater Seattle.

**Persons Signed In To Testify But Not Testifying:** None.