



Overview: Mental Health Care Coordination/HIPAA Harmonization Bill

Brief Synopsis

- Federal HIPAA privacy and security law allows health care providers to communicate treatment information about a patient with other providers that are also treating the patient.
- Wisconsin law also allows such communication, unless the communication is from a treating mental health provider. Wisconsin places numerous restrictions on communications by treating mental health providers. These restrictions in turn create a barrier to the coordination of care for such patients that does not exist for other patients.
- The bill would permit, but not require, health care providers and others subject to the Federal HIPAA health information privacy and security law to communicate mental health information about a patient with other health care providers and entities subject to the Federal HIPAA law if the communication is made for treatment purposes, payment purposes, or health care operations purposes, and the communication is made in compliance with the HIPAA law. **Existing Wisconsin and HIPAA provisions limiting the disclosure of a “psychotherapy record” would continue to exist.** Except for the psychotherapy record, the federal HIPAA law does not treat mental illness differently than other illnesses.
- In order to better coordinate mental health care, both Hawaii in 2012 and Washington state in 2009 enacted a nearly identical bill; both bills passed both houses of each state without a single no vote.

Why is the Mental Health Care Coordination Bill important for Wisconsin?

The Mental Health Care Coordination Bill would remove barriers in Wisconsin law to the coordination of care for persons with a mental health diagnosis that do not exist for persons that do not have a mental health diagnosis and that do not exist in federal HIPAA law.

These statutory barriers have resulted in:

- Less coordinated and integrated care for this vulnerable population;
- Higher costs to Medicaid (and other payers and hospitals as well) due to uncoordinated care;
- Higher costs to implement technology that allows hospitals and clinics to electronically communicate and coordinate care for all patients; and
- A perpetuation of a stigma built on a false and fading belief that mental health illness isn't a real medical illness and its treatment is shameful or embarrassing.

Wisconsin needs to amend its mental health law to end this disparate treatment of persons with mental health diagnoses, and remove statutory restrictions on psychiatrists and other mental health providers from coordinating a patient's care with the patient's other providers.

What are the benefits for Wisconsin?

- Optimized care for persons with mental health diagnoses through enhanced care coordination.
- Lower hospital readmission rates for individuals with mental health conditions
- Cost savings for Medicaid (and private payers) by enhancing care coordination.
- Lower health care information technology costs.
- Reduced regulatory burden by aligning parts of Wisconsin law with Federal law.
- Further equalization and integration of treatment for patients with mental illness.

How does the bill achieve these benefits?

A simple amendment would align a part of Wisconsin's health privacy law dealing with treatment, payment, and health care operations with the Federal HIPAA privacy law.