

NAMI Wisconsin Position Statement Opposing the Proposed Mental Health Coordination Bill

This bill seeks to change Wisconsin's privacy laws relating to the release of mental health treatment information to more closely conform to the Federal HIPAA privacy and security law. Currently Wisconsin's privacy laws, for mental health treatment information are more restrictive than HIPAA. The sponsors of this bill assert that the changes they seek would provide the following benefits for Wisconsin:

- Optimized care for persons with mental health diagnoses through enhanced care coordination.
- 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."

All of these outcomes are desirable. The integration/coordination of mental health care with primary health care is absolutely essential to promoting a decent quality of life, particularly for those dealing with severe and persistent mental illnesses. There are two questions that must be answered affirmatively in order to garner the support of NAMI Wisconsin. First, is this bill necessary to adequately coordinate primary health and mental health care? Second, does this Bill actually produce these laudable outcomes? We believe the answers to these questions are no and not necessarily.

Is this Bill Necessary?

A similar version of this bill was introduced in 2005. That bill did not pass. However, the Legislature recognized that coordinated care can't be provided without at least a modicum of information sharing and that it is not always practical to obtain a release of information. Hence, the Legislature passed ACT 108 in 2008, which became Wisconsin law in January of 2009. ACT 108 allows for the sharing mental health treatment information with another health care provider without a release of information "if necessary for the current treatment of the individual." The following information may be shared without a release:

"Information that may be released under this subdivision is limited to the individual's name, address, and date of birth; the name of the individual's provider of services for mental illness, developmental disability, alcoholism, or drug dependence; the date of any of those services provided; the individual's medications, allergies, diagnosis, diagnostic test results, and symptoms; and other relevant demographic information necessary for the current treatment of the individual." (WSS 51.30 (4) (b) 8g. bm.)

It is our conclusion that ACT 108 has already addressed the needs that the Mental Health Coordination Bill is attempting to address. Hence, this Bill is not necessary. The most fundamentally important information another health care provider needs is the person's diagnosis, their current medications and potentially lab results (e.g. – lithium levels, Depakote levels, TSH, etc.). ACT 108 allows for the sharing of this information with another treating health care provider even if there is no release of information. We doubt that it would be technologically difficult or expensive to program an electronic medical record to allow for the sharing of information allowed by ACT 108, but exclude psychotherapy notes.

Will this Bill Achieve Enhanced Care Coordination?

Effective care coordination, particularly for those with severe and persistent mental illnesses involves much more than the mere sharing of information. It means a true collaborative effort, not simply the sharing of information. Truly integrated care provides the following assistance: getting to appointments, conveying concerns to primary care providers, reinforcing the messages from the primary care provider, and following through with the instructions from the primary care provider. While access to information is fundamental to coordination of care, information alone does not produce truly integrated care. Mere information sharing does not accomplish the integration of care necessary to meet the needs of most consumers with severe and persistent mental illness. Community Support Programs with fidelity to the principles of assertive community treatment are the best chance for people with severe and persistent mental illnesses to receive integrated mental health and primary health care.

NAMI Wisconsin opposes the adoption of this proposed Mental Health Coordination Bill because it is not necessary and it does not deliver the outcome of truly integrating mental health and primary health care.