

Summary of Other States Handling of Sensitive Information (IA, IL, IN, MI, & MN)

Do state laws carry special protection for information that is considered sensitive information (i.e., mental health, AODA, HIV/AIDS, or developmental disabilities)?					
WI	IA	IL	IN	MI	MN
<p>Yes, Wis. Stat. 51.30 requires informed consent to exchange sensitive information (mental health, AODA, and developmental disabilities) provider to provider for treatment purposes except for medical emergencies.</p> <p>In addition, limited information can be shared within a related facility for treatment purposes without consent.</p>	<p>Yes, special authorizations or consents are obtained for the exchange of especially sensitive information. Sensitive information include four special categories of treatment for HIV, AIDS, mental health/substance abuse and genetics</p> <p>Without these special consents, this information can not be exchanged for treatment purposes.</p>	<p>Yes, IL laws provide extraordinary protections for mental health information, substance abuse treatment records and HIV and genetic testing.</p> <p>Release of this information would be restricted without patient consent with limited exceptions and in event of a medical emergency.</p> <p>None of the laws contain a broad exception that would permit information exchange without consent for “treatment purposes” as permitted under HIPAA.</p>	<p>No, IN generally defers to HIPAA because it is more restrictive than state laws.</p>	<p>Yes, access to sensitive information (mental health, substance abuse, AIDS/HIV) is segregated from other patient data and only available to provider assigned to case – release is restricted to express consent.</p>	<p>Yes, MN laws cover all health information – there is no distinction of sensitive information. MN provisions are some of the strictest in the nation.</p> <p>Exceptions to consent requirements include in situations of a medical emergency when the provider is unable to obtain the patient’s consent and to other providers within related health care entities when necessary for the current treatment of the patient.</p>
If applicable, are there any plans to make statutory changes to remove consent requirements to allow for MH information to flow from provider to provider for treatment activities?					
WI	IA	IL	IN	MI	MN
Yes.	No.	No.	No.	Yes.	No.

What Collaborative Workgroup has each state tentatively signed up for? (This is very draft and may change after the first in-person meeting on 9/10-11)

Consent/Authorization	Adoption of technology standards	Communication – core message	Consent/Authorizations	Harmonizing state privacy law	Interoperability – developing inter-organizational agreements
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What will states work on for their individual project for Phase II of the Privacy & Security Project? (DRAFT)

WI	IA	IL	IN	MI	MN
As part of the RTI Phase 2 Project, WI aims to make statutory changes to remove barriers in exchange of MH information from provider to provider for treatment purposes without consent	Iowa has chosen the collaborative on Demonstration HIE projects.	<p>IL will work on consent/authorization issues – possibly developing a standardized consent form and guidelines.</p> <p>-----</p> <p>IL is planning to work on a patient education campaign around HIT as well as helping to define a patient's bill of rights as it relates to HIT. This "bill of rights" was to be a description, in layman's terms, of the privacy and security protections that are already in place for patients' health information.</p> <p>-----</p> <p>In addition, Illinois revised the proposal entitled "The Public-Private Partnership Moves Forward on</p>	IN will work on 42 CFR Part 2 in attempt to harmonize with HIPAA.	<p>MI will modify state laws that are more restrictive than HIPAA limitations on "treatment" disclosure (e.g., HIV, mental health and substance abuse).</p> <p>Consensus-building is needed for these special areas.</p> <p>Disclosure for treatment permitted unless patient affirmatively "opts out". Consider whether partial opt-out will be permitted. Identify opt-out categories.</p>	<p>MN will reduce privacy barriers caused by Minnesota's patient consent requirements by enacting legislation that: (1) Creates uniformity between providers in determining "when" and "how" patient consent is needed to exchange information; (2) Clarifies how patient consent requirements apply to new concepts in the electronic exchange of health information (e.g., record locator service); and (3) Provides new legal mechanisms for facilitating the inclusion of patient consent requirements into electronic exchanges of health information.</p>

		<p>Privacy and Security," will set up an expert workgroup to prepare draft privacy and security policies and recommendations for the development of a state-wide health information exchange.</p> <p>Another work group will prepare a uniform patient EHR/HIE consent form for possible use by ILHIN, clinicians, health care facilities and other providers.</p>			
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