

House Health & Human Services

02/27/2024 Upon Adjournment

HB24-1217 Sharing of Patient Health-Care Information

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Kelly Comcowich For themselves	<p>I fully support HB24-1217: Sharing of Patient Health-Care Information -- and believe it could be even stronger.</p> <p>I am Kelly Comcowich the parent of a young adult whose mental health care “team” was not communicating well with me (her caregiver) or with each other. Having no centralized universal consent form prevented discussions which would have been in my daughter’s best interest.</p> <p>As a result in part of this lack of communication my daughter committed suicide September 11, 2023.</p> <p>The second part of the bill, the “friends and family input form” would have helped a lot. If there had been ongoing communication between myself and the team treating my daughter, they may have acted on the repeated suicide threats I attempted to report.</p> <p>An additional issue is the last part of this bill, which should be even stronger than it already is. Sharing a patient’s information with friends and family is important, and I do understand why there is a “need to know” caveat on this. However, in the case of caregivers who are picking up the slack in our broken system, sharing robust information is extremely important. I am concerned about who will make the “need to know” determination (25-50-111 subsection(6)(b)).</p> <p>In my case, I was responsible for dispensing antipsychotics to my daughter who was living in my home. There was very little monitoring (medical or otherwise) in her case since she saw the psychiatrist online once a month, and we were never able to get adequate case management or therapy. As such, I was a big part of her treatment “team” since I was the one monitoring day to day symptoms and “treating” her as best I could. As part</p>

	<p>of this "team," it would have made sense to include me in the loop on her care. However, I was not included -- due to HIPPA.</p> <p>I wonder -- if the doctors had been allowed to explain expected responses to the meds, and what side effects might occur, or if they had told me what was going on, and what to look out for, maybe my daughter would still be alive.</p> <p>I applaud House bill 24-1217 as another step in the attempt to begin to fix our very broken system.</p>
<p>Lyn Hayden For themselves</p>	<p>Hello, I would very much like to see HB24-1217 passed. I have a 33 year old adopted daughter, Angela. She has schizophrenia, borderline personality disorder, and has been diagnosed with bipolar disorder in the past. She is a wonderful person when she stays on her meds. She loves to help other people, she has volunteered working at the Humane Society - taking care of animals, and she has volunteered doing exercise programs with the elderly - nursing home. Due to her many submissions to the hospital and suicide attempts, she is not able to keep a paying job. When she has been admitted to the hospital no one knows about her history. The providers don't know what meds to give her and they change them. There needs to be a way the providers can find her history easily and see that this is a chronic condition. They need to be able to see all the testing results she's had done over her lifetime. More money is spent on ambulances, emergency room visits, police calls, fire dept.calls, etc. than it would be to keep her stable. Please pass this bill - keep open records so providers can do a better job and Angela is able to live as normal a life as possible.</p> <p>Thank you! Lyn Hayden</p>
<p>Kelly Hegarty Against themselves</p>	<p>Please vote no on HB24-1217 Sharing of Patient Health-Care Information. This bill proposes a universal behavioral health consent form and a centralized digital consent repository. While the bill aims to streamline healthcare data sharing, it raises red flags. Existing statutes and HIPAA regulations provide robust patient privacy protection, rendering these new measures redundant. Moreover, the push for a digital consent experience lacks transparency and risks overlooking critical terms related to data security. I urge a vote against the bill, as it may compromise privacy and lead to hasty consent decisions without a thorough understanding of the implications. Thank You, Kelly Hegarty</p>
<p>Susanne Rigert Against</p>	<p>This bill will do no good, as health privacy is already well-protected by HIPPA regulations.</p>

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Susanne Rigert Against themselves	This bill will do no good, as health privacy is already well-protected by HIPPA regulations. And it does harm by using digital consent, which lacks transparency.

Hello, my name is Mary Patrick and I am representing myself.

Thank you for the opportunity to testify in **support** of **HB24-1217 Sharing of Patient Health-Care Information**.

I am writing to testify because I have a loved one with mental illness. He had three admissions to mental health hospitals in high school and family was able to consult with the doctors. But when he turned age 18, suddenly we were not even able to know where he was.

Please imagine your child is missing -- and may be suicidal -- and you call the hospitals and they say they cannot even tell you if he is there. All you can do is tell the staff, "If he is there, please tell him his family is very worried about him. Please ask him to let you call family and let them know you are okay."

You sit there realizing that while the magic age of 18 has hit, and your child is an adult by law; he is still very much a child. You know your child does not know how to speak-up for himself. He can't relate his medical or mental health history; he doesn't know the names of his medications; he doesn't remember his doctor's name; he does not know or understand what is wrong with him. He knows or cares nothing about the paperwork he is signing. A person with mental illness may not even speak. He may not be in a mental state to say who to call.

You call every hospital you can think of. You think - is he even in a hospital; has he done something to himself? Where is he? "You have this slide show in your brain of all these horrible things happening to your baby."

There are so many things the doctors should know about him. What if they give him a medicine that he is allergic to, or interacts with the medicines he is taking? They need to know which meds work and which don't -- or that he may not be taking them at all. They need to know his neurological symptoms and heart symptoms; his housing situation and what happens at home; that he doesn't have a therapist despite 8 hospitalizations in 6 years (or that he finally has a therapist and who that is). Providers need to know he has been mis-diagnosed before and any new symptoms he has. He was given over 32 ECT treatments which didn't help and may have made things worse. He can't tell them because he doesn't remember. Will they recognize he is neurodiverse, or has a neurological condition, or a personality disorder?

If you cannot talk to the providers, you cannot tell them about his suicidal ideation or self-harm, about his struggles with reality and relationships.

There is so much the doctors and therapists need to know but all you can do is sit there and hope someone will call and let you know that he is safe and ask you his story. The waiting and

not being able to help is heartbreaking. We have gone through this 6 times and he still does not have a proper diagnosis.

Providers need to be given information so they can protect their staff, other patients, and the patient himself. Families can inform providers about a patient's potential triggers, things that could increase suicidal thoughts, that they are not violent but do have military or martial arts training, if the patient is prone to outbursts, and about phobias and fears. Properly informed staff can safely prevent or de-escalate reactions of patients in altered mental states. The more information a provider has, the safer everyone will be and the more successful the treatment will be.

Our medical records systems only tell the providers what a patient tells them. In the case of mental health, there may be little information and it may be very skewed. It is never the full picture and providers are often working blind. Providers need information the patient may not be able or willing to give about himself. Family input is critical to putting together the pieces of the puzzle.

This bill will create a Friends and Family Input Form which will allow an individual to provide treating professionals and facilities with protected information related to a patient receiving mental health or substance use services. This may include information about a patient's diagnoses, past hospitalizations, de-escalation techniques, current and past provider information, potential triggers, housing status, family situation, current medical conditions, current and past medications, and other important information. That information will help providers better understand the patient and may even save a patient's life.

I urge you to vote **YES** on **HB24-1217 Sharing of Patient Health-Care Information**.

Thank you for taking the time to read my story. I would be more than happy to answer any questions you may have.

Sincerely,

Mary L. Patrick
Fort Collins, Colorado

970-484-3751
marylpat@hotmail.com

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