
LC 488: Expanded Access to Behavioral Health Patient Data

Better data sharing among state agencies of behavioral health patient information – while maintaining security and confidentiality – will allow for better care coordination, decreased inequities in services, and better reporting of outcomes.

Restrictions on Data Sharing Prevents Improvement in Health Equity and Outcomes

The Oregon Health Authority (OHA) does not currently have sufficient statutory authority to access the behavioral health information on many individual patients that would enable it to better address health inequities, report on person-level outcomes, and coordinate service delivery for those patients across the continuum of care.

Historically, OHA has not been able to obtain person-level data from other state agencies. The agency has only been able to obtain aggregated data that does not allow for identification of potential inequities and does not meet the goals of the state's Diversity, Equity and Inclusion Action Plan. It also means OHA cannot meet all the federal reporting requirements.

Inadequate data sharing can cause disruptions of behavioral health care and the lack of services in a timely and coordinated manner.

- ▶ Limits on sharing personal information can make it more difficult to ensure the matching of a person's records from different sources.
- ▶ Sharing of aggregated data instead of person-level data does not allow for coordination or ensure continuous services for individuals.
- ▶ Some state agencies place have restrictive requirements in place for sharing. For example, the Oregon State Police (OSP) has Criminal Justice Information System (CJIS) data. During discussions on data sharing, OSP indicated that even if there was specific statutory authority for them to share data, they would require biometric data (i.e., the person must submit their fingerprints) before person-level data would be shared. For people seeking behavioral health or substance abuse help, demanding to collect their fingerprints when they request services likely would turn many people away.

The [Behavioral Health Quality Performance and Improvement Plan](#) is an example of how better data is needed for better outcomes. The plan involves monitoring and assessing key mental health services provided to adults with Serious and Persistent Mental Illness, both to ensure they receive services and to improve the overall system. Many such people are involved in the criminal justice system, but data related to that involvement is not available, reducing the effectiveness of the plan.

Improving Data Sharing

This legislative council provides authority for OHA to access person-level behavioral health data from other state agencies to facilitate care delivery and reporting. It directs other agencies to cooperate with OHA to the extent allowed by federal requirements. OHA must maintain the same level of security and confidentiality of the data as was assigned by the original agency, and may not publish or disclose the data with permission of the original agency.

For more information:

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