



## Ohio House Provider Services Committee

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Interested Party Testimony- HB 463  
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Chairman Swearingen, Vice Chair Gross, and Ranking Member Somani, thank you for giving me the opportunity to provide testimony today. My name is Lauren Manson, I am the Senior Executive Director of the Ohio Health Information Management Association (OHIMA), the non-profit association representing approximately 4000 credentialed health information professionals here in Ohio. OHIMA is a component state association affiliated with the American Health Information Management Association which represents health information professionals nationwide who work with health data for more than one billion patient visits each year. Our members work to ensure the accuracy, integrity and usability of patients' health information while ensuring it is kept private, confidential, and secure per HIPAA guidelines and other federal and state regulations.

On behalf of OHIMA, I am here today to provide our comments regarding the operational and technical implications surrounding House Bill 463. While in principle, we support and agree that parents should have access to their child's patient portals and health information; practically speaking, when a provider is treating a patient – care cannot be segmented or separated, nor can its documentation. While we understand that the intent of House Bill 463 is to require that the patient record to be segmented on the portal side – not during the course of care; current electronic health records (EHRs) limit the ability to segment the patient record in the patient portal if the documentation is not built in a segmented manner.

For example, when a provider is treating a patient and reviewing their medical history – *past* diagnoses, procedures and medications are reviewed and documented because it can impact the *current* care diagnosis, and treatment. This bill states that a minor's records must be maintained in a manner that separates records relating to care that the minor received *with* parental consent and care received *without* parental consent. Ultimately proper care, treatment and care coordination would suffer if the documentation and the medical record is segmented. If a provider were to not include a vital piece of historical information due to its consent status, it could result in an incorrect diagnosis, treatment plan and possibly harm the patient. Providers must treat a patient as a whole person – not just one segment.

Therefore, should this legislation become law, it will be operationally impossible to ensure a patient's health information is complete, accurate, and protected – which is necessary to provide patients with the best possible care.

Thank you again for the opportunity to provide testimony today. We are happy to answer any questions you may have.