

May 10, 2016

The Honorable Paul Ryan, Speaker
U.S. House of Representatives
H-232, The Capitol
Washington, DC 20515

The Honorable Kevin McCarthy, Majority Leader
U.S. House of Representatives
H-107, The Capitol
Washington, DC 20515

The Honorable Nancy Pelosi, Democratic Leader
U.S. House of Representatives
H-204, The Capitol
Washington, DC 20515

The Honorable Steve Scalise, Majority Whip
U.S. House of Representatives
2338 Rayburn House Office Building
Washington, DC 20515

The Honorable Steny Hoyer, Democratic Whip
U.S. House of Representatives
1705 Longworth House Office Building
Washington, DC 20515

Dear Speaker Ryan, Representative McCarthy, Representative Pelosi, Representative Scalise, and Representative Hoyer,

As opioid legislation moves to the House floor, the undersigned organizations call your attention to the importance of amending the privacy laws of 42 CFR Part 2 (Part 2) in order to fully address our nation's opioid crisis. Without access to a patient's entire medical record, including addiction records, providers and organizations are limited in their ability to coordinate care for those patients.

The federal regulations governing the confidentiality of drug and alcohol treatment and prevention records, Part 2, set requirements limiting the use and disclosure of patients' substance use records from certain substance use treatment programs. Obtaining multiple consents from the patient is challenging and creates barriers to whole-person, integrated approaches to care, which are part of our current health care framework. Part 2 regulations may lead to a doctor treating a patient and writing prescriptions for opioid pain medication for that individual without knowing the person has a substance use disorder. Separation of substance use from the rest of medicine creates several problems and hinders patients from receiving safe, effective, high quality substance use treatment and whole-person care.

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently released a notice of proposed rulemaking which takes some steps to modernize Part 2, but it does not go far enough. Legislative action is also necessary in order to modify Part 2 and bring substance use records into the 21st Century. Specifically, we believe Part 2 requirements should be aligned with the requirements in the Health Insurance Portability and Accountability Act (HIPAA) regulation that allow the use and disclosure of patient information for treatment, payment, and healthcare operations. Doing so would improve patient care by ensuring that providers and organizations that have a direct treatment relationship with a patient have access to his or her complete medical record. Without access to a complete record, providers cannot properly treat the whole person and may, unknowingly, endanger a person's recovery and his or her life. For example, a medical doctor in primary care may not know that he or she is prescribing pain medication to someone with a history of addiction. Harmonization of Part 2 with HIPAA would also increase care coordination and integration among treating providers and other entities in communities across the nation.

We support provisions that preclude Part 2 information from being disclosed for non-treatment purposes to law enforcement, employers, divorce attorneys, or others seeking to use the information against the patient. We do not want consumers to be made vulnerable as a result of seeking treatment for a substance use disorder. However, disclosures of substance use disorder records for treatment, payment, and healthcare operations must be allowed.

Part 2 reform is particularly important as Congress works to expand access to Medication-Assisted Treatment (MAT). When Part 2 was enacted in the 1970s, very few patients with substance use disorders were treated with any addiction treatment medication because there were only two approved at that time. Today, there are three FDA-approved treatments for opioid addiction and three for alcohol dependence. With approximately two million individuals currently receiving these addiction treatment medications, there is a significant risk for drug interactions.

Without changes to Part 2, beyond what is included in SAMHSA's proposed rule, individuals with substance use disorders will not receive fully coordinated care. As a result, patients will face increased safety risks because their treating providers may not have access to their complete health care records. In light of the opioid epidemic and the large number of people in our country who have a substance use disorder, we cannot stress strongly enough how important these changes are to consumers' health.

Thank you for your consideration. We are eager to work with you to improve the coordination of care for individuals with substance use disorders and make necessary changes to Part 2.

Sincerely,

American Association on Health and Disability
American Dance Therapy Association
American Hospital Association
American Psychiatric Association
Association for Ambulatory Behavioral Healthcare
Association for Behavioral Health and Wellness
Association for Community Affiliated Plans
American Orthopsychiatric Association
Corporation for Supportive Housing (CSH)
Employee Assistance Professionals Association (EAPA)
Hazelden Betty Ford Foundation
Health IT Now
InfoMC
Mental Health America
National Alliance on Mental Illness
National Association of State Mental Health Program Directors (NASMHPD)
Netsmart
NHMH – No Health without Mental Health
Phoenix House Foundation, Inc.
Premier Healthcare Alliance

cc: The Honorable Fred Upton, Chairman, House Committee on Energy and Commerce
The Honorable Frank Pallone, Ranking Member, House Committee on Energy and Commerce