
PARTNERSHIP TO AMEND 42 CFR PART 2

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Health Care Coalition Submits HIPAA Rules Comments To Improve Coordinated Care

Washington, DC (February 12, 2019) – The [Partnership to Amend 42 CFR Part 2](#) (Partnership), a coalition of nearly 50 health care organizations committed to aligning 42 CFR Part 2 (Part 2) with the Health Insurance Portability and Accountability Act (HIPAA) for the purposes of treatment, payment, and health care operations (TPO), today submitted comments for the Request for Information on Modifying HIPAA Rules to Improve Coordinated Care to the U.S. Department of Health and Human Services (HHS).

In its comments, the Partnership thanked HHS for recognizing the need to improve coordinated care, particularly regarding addressing the opioid crisis and serious mental illness. As the RFI asks several questions in this area, such as, “What changes can be made to the Privacy Rule to help address the opioid epidemic,” the Partnership was clear in its position that modifying HIPAA is not sufficient for improving coordinated care. And that Part 2 is the barrier to integrating care for persons with opioid and other substance use disorders (SUDs).

The Partnership recommends that new guidance changes current regulations so that Part 2 is aligned with HIPAA to allow for the transmission of Part 2 records without written consent, specifically for the purposes of treatment, payment, and health care operations. This will promote integrated care and enhance patient safety. Additionally, it will provide health care professionals with one privacy standard for all of medicine.

Part 2, Federal Confidentiality of Substance Use Disorder Patient Records, requires multiple consents from the patient and creates challenges and creates barriers to whole-person, integrated approaches to care, which are part of our current health care framework. In situations where the patient does not give consent, Part 2 regulations may lead a doctor to unknowingly write a prescription for opioid pain medication for an individual that has opioid use disorder.

Part 2 was created to reduce stigma associated with SUDs and encourage people to seek treatment without fear of prosecution by law enforcement, and should be modernized to be compatible with the way health care is delivered in the 21st Century.

Full Partnership comments: [HERE](#)

HHS request for comments: [Request for Information on Modifying HIPAA Rules To Improve Coordinated Care](#)

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<http://www.helpendopioidcrisis.org/>

Members of The Partnership to Amend 42 CFR Part 2 include:

Academy of Managed Care Pharmacy · Alliance of Community Health Plans · American Association on Health and Disability · American Dance Therapy Association · American Health Information Management Association · American Hospital Association · American Psychiatric Association American Society of Addiction Medicine · American Society of Anesthesiologists · America's Essential Hospitals · America's Health Insurance Plans · AMGA · Association for Ambulatory Behavioral Healthcare · Association for Behavioral Health and Wellness · Association for Community Affiliated Plans · Association of Clinicians for the Underserved · Blue Cross Blue Shield Association · The Catholic Health Association of the United States · Centerstone · College of Healthcare Information Management Executives · Confidentiality Coalition · Corporation for Supportive Housing · Employee Assistance Professionals Association · Global Alliance for Behavioral Health and Social Justice · Hazelden Betty Ford Foundation · Health IT Now · Healthcare Leadership Council · InfoMC · The Joint Commission · The Kennedy Forum · Medicaid Health Plans of America · Mental Health America · National Alliance on Mental Illness · National Association of Addiction Treatment Providers · National Association for Behavioral Healthcare · National Association for Rural Mental Health · National Association of ACOs · National Association of Counties · National Association of County Behavioral Health and Development Disability Directors · National Association of State Mental Health Program Directors · National Rural Health Association · Netsmart · OCHIN · Otsuka America · Patient-Centered Primary Care Collaborative · Pharmaceutical, Inc. · Pharmaceutical Care Management Association · Premier Healthcare Alliance · Smiths Medical · Strategic Health Information Exchange Collaborative