
PARTNERSHIP TO AMEND 42 CFR PART 2

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Stakeholders Urge Congress to Include Protections in Opioid Package

Washington, DC (April 23, 2018) – In a [letter sent](#) to the Senate today, the Partnership to Amend 42 CFR Part 2 (Partnership), a coalition of over 40 health care organizations committed to helping the country end the opioid crisis, urged Chairman Lamar Alexander and Ranking Member Patty Murray of the Senate Committee on Health, Education, Labor, and Pensions (HELP) to include the Protecting Jessica Grubb’s Legacy Act, S. 1850, in its Opioid Crisis Response Act of 2018, S.2680.

The Partnership is committed to aligning 42 CFR Part 2 (Part 2) with the Health Insurance Portability and Accountability Act (HIPAA) for the purposes of health care treatment, payment, and operations (TPO) and strengthen existing protections against the use of substance use disorder records in civil and criminal proceedings. If S. 1850 is not added to S. 2680, we are missing an opportunity to ensure coordinated care for individuals with a substance use disorder (SUD) and to save lives.

“Part 2 severely constrains the health care community’s efforts to coordinate care for persons with SUDs, and ABHW members say Part 2 is one of the biggest – if not the biggest – barrier to fighting the opioid crisis. Inclusion of S. 1850 in the Senate opioid package is a critical step in solving the opioid crisis.” -- **Pamela Greenberg, President and CEO, Association for Behavioral Health and Wellness (ABHW)**

“As written, the patient privacy measures pertaining to substance abuse at 42 CFR Part 2 have the perverse impact of impeding efforts to coordinate care by segregating treatment records pertaining to substance use disorder from the rest of the health care system. In an era of increased teamwork in medical care, this leads to worse health outcomes—and, ironically, may exacerbate the very stigma for people receiving treatment for SUD that the regulations intended to prevent. It’s time for Congress to correct this.” – **Meg Murray, CEO, Association for Community Affiliated Plans (ACAP)**

“This antiquated and outdated federal rule remains a major barrier to integration of care for people living with mental illness and co-occurring substance use disorders. Congress needs to take this opportunity enact a legislative fix that will finally align 42 CFR Part 2 with HIPAA and allow coordination of care across mental health, substance abuse and primary medical care and allow for improved outcomes.”– **Andrew Sperling, Director, Legislative and Policy Advocacy, National Alliance on Mental Illness (NAMI)**

“Modernizing our nation’s health IT infrastructure is a critical step in delivering timely, lifesaving care. One immediate step Congress can take to upgrade electronic health records and increase patient safety is to ensure that a patient’s addiction history is included as part of their health otherwise complete medical record. In doing this, along with shoring up protections for

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patient privacy, providers will be better equipped to deliver safe, whole person care.” -- **David Guth, CEO, Centerstone**

“An opioid overdose is costly for employers and potentially devastating to the employee. In the absence of better informed and coordinated care, we set the stage for repetitive episodic opioid care delivered to employees and family members, which drives costs to employers, and runs counter to the coordinated healthcare delivery models that work. Episodic care in the opioids world can be fatal. Remove the constraints of Part 2 and allow for more coordinated care at the point of service where time and information are critical and potentially life-saving.” – **Gregory P. DeLapp, CEO, Employee Assistance Professionals Association (EAPA)**

“We run the risk of no resolution to the opioid crisis without steps being taken to ensure doctors have access to all necessary healthcare information, which includes history of substance abuse, allowing them to provide care that focuses on the whole person. Saving lives must be our ultimate priority, and the inclusion of S. 1850 will keep us moving towards that goal.” – **Mary R. Grealy, President, Healthcare Leadership Council (HLC)**

“People with asthma, diabetes or cancer can readily share their health information across their care team, so why should it be any different for someone with a history of substance use. We firmly believe that if a person with co-occurring conditions wants to share their information, they should have the same level of control over their substance use health data as they do over their physical health data. It has been proven that providers who have fully-informed information on the individuals they serve have reduced medication errors and improved outcomes. The decision to share critical health information should lie with the individual, not the Part 2 program.” -- **Kevin Scalia, Senior Vice President, Netsmart**

“Outdated policies must be reformed if we are to effectively tackle the opioid crisis. Updating this 40-year old law is an extremely necessary and important action to ensure providers have the information they need to deliver the right care to people struggling with substance abuse disorders when they need it the most.” -- **Blair Childs, Senior Vice President of Public Affairs, Premier Inc.**

“There is no one-size-fits-all when it comes to addiction treatment and recovery. We need to leverage current data, technology, and innovation to confidentially share information and determine the most appropriate solutions for each patient. Modernizing Part 2 and including S. 1850 is a critical piece of the puzzle toward improving patient safety, enhancing care coordination, and holistically addressing the opioid epidemic.” -- **Kate Berry, Senior Vice President of Clinical Affairs, America's Health Insurance Plans (AHIP)**

"Mental Health America believes that mental health and substance use treatment should be normalized, and every individual should have control over their mental health and substance use treatment records. Right now, the separate consent requirements often make it impossible for people to make sure they're getting integrated care, and they pose a barrier to normalizing mental health and substance use treatment. As we know, you can't treat a whole person with half a record." -- **Paul Gionfriddo, CEO, Mental Health America**

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“As a frontline provider of addiction treatment, we know patients want easier access to care and better coordinated care. This will help in both regards and will also help de-institutionalize the stigma we need to smash throughout our health care system and culture.” - **Nick Motu, Vice President of External Affairs, Hazelden Betty Ford Foundation**

“Pharmacists, as medication experts, are integral members of provider teams. However, pharmacists, doctors, nurses and other health care providers do not have complete access to addiction treatment records. Access to a patient’s complete medical record is critical to patient treatment, safety and recovery. Of equal concern is the multitude of unintended consequences of drug-to-drug interactions, adverse reactions and even death. This would also help pharmacist identify patients who should not receive an opioid because of past treatment for addiction which could place them at risk for relapse. By integrating those substance abuse disorder records into a patient’s medical records under HIPAA critical information would be available for treatment, payment and operations, yet safeguards and legal protections are also present to assure patients of privacy.” – **Susan Cantrell, CEO, Academy of Managed Care Pharmacy**

“To provide the safest and highest quality care, clinicians in hospitals and health systems need access to patients’ complete medical information, including information about substance use disorders. The importance of safe care for all patients in treatment for opioid use disorder cannot be overstated and 42 CFR Part 2 is a major barrier to safety for patients in treatment for opioid use disorder. Congress should update this law, which impedes the sharing of critical patient information that is necessary to deliver the most effective and efficient care.” -- **Tom Nickels, Executive Vice President of Government Relations and Public Policy, American Hospital Association.**

The Partnership also [sent a letter](#) to the leadership of the House Committee on Energy and Commerce thanking them for holding the many hearings on the opioid crisis and encouraging them to include H.R. 3545, the Overdose Protection and Patient Safety (OPPS) Act, in their mark-up on April 25th.

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<http://www.helpendopioicrisis.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 · Blue Cross Blue Shield Association · The Catholic Health Association of the United States · Centerstone · 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 · NAADAC, the Association for Addiction Professionals · National Alliance on Mental Illness · National Association for Behavioral Healthcare · National Association of ACOs · National Association of Counties · National Association of State Mental Health Program Directors · National Rural Health Association · Netsmart · OCHIN · Otsuka America Pharmaceutical, Inc. · Pharmaceutical Care Management Association · Premier Healthcare Alliance · Smiths Medical