



**Association for Behavioral  
Health and Wellness**

*Advancing benefits and services  
in mental health, substance use  
and behavior change.*

September 9, 2015

The Honorable Doris Matsui  
United States House of Representatives  
2311 Rayburn House Office Building  
Washington, DC 20515

Dear Congresswoman Matsui:

The Association for Behavioral Health and Wellness (ABHW) expresses our support for H.R. 2690, the Including Families in Mental Health Recovery Act of 2015. We thank you for your leadership on the issue of increasing clarity around Health Insurance Portability and Accountability Act (HIPAA) privacy rules.

ABHW is the national voice for companies that manage behavioral health and wellness benefits. ABHW member companies provide specialty services to treat mental health, substance use, and other behaviors that impact health to approximately 150 million people in both the public and private sectors. ABHW and its member companies use their behavioral health expertise to improve health care outcomes for individuals and families across the health care spectrum.

ABHW member companies believe there is a misperception in the community about what information can be appropriately shared under HIPAA. Unfortunately, these confusions have negatively impacted health outcomes to individuals. We agree that it is important to educate providers in order to clarify the misunderstanding around HIPAA and how it can be used, and your legislation is an important step forward in that process.

Another related privacy challenge in the behavioral health community is the obstacles presented by the outdated 42 CFR Part 2 (Part 2) regulation. Part 2 creates barriers to integration of behavioral and physical health. Information about an individual's substance use disorder (SUD) is not permitted to be shared with the entire medical team treating that person unless a consent form has been signed for each and every one of those providers. This may lead to a doctor treating a patient and writing prescriptions for that individual without knowing the person has a SUD.

Obtaining multiple consents from the patient is challenging and creates barriers to member-centric, integrated approaches to care, which are part of our current health care framework. In addition, individuals with SUD will often go to different providers so they can obtain multiple prescriptions for medications to which they are addicted. Without access to a patient's record, this behavior is hard to detect and treat. The current consent requirements in Part 2 make coordination of care extremely challenging, if not impossible.

Because the regulations do not take into account the current model for health care delivery and ultimately create barriers to a medically needy population, ABHW believes Part 2 needs to be revised. As you continue to work on mental health privacy challenges, ABHW recommends aligning Part 2 with the

HIPAA privacy rule to allow transmission of Part 2 data without written reauthorization for treatment; payment; and healthcare operations.

We look forward to continuing to work with your office on this and other mental health legislation. If you have any questions, please contact Rebecca Murow Klein at (202) 449-7658 or [klein@abhw.org](mailto:klein@abhw.org).

Sincerely,

A handwritten signature in cursive script that reads "Pamela Greenberg".

Pamela Greenberg,  
President and CEO, ABHW