## PARTNERSHIP TO AMEND 42 CFR PART 2

## **Media Advisory**

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Contact: **Tiffany Huth, ABHW** Communications and Public Affairs Association for Behavioral Health and Wellness Phone: 202.552.7364 Email: <u>Huth@abhw.org</u> Contact: **David Pittman, NAACOS** Health Policy and Comm Advisor National Association of ACOs Phone: 202.640.2689 Email: <u>Dpittman@naacos.com</u>

PRESS BRIEFING: Efforts to Align Treatment of Substance Use Records with HIPAA Continue

<u>The Partnership to Amend 42 CFR Part 2 (Partnership)</u> presses on in 2019 with efforts to ensure patients treated for substance use disorders (SUD) can receive the high level of care they deserve while maintaining privacy. Despite the passage of last year's legislation to help address the nation's ongoing opioid overdose crisis, Congress failed to come to a timely agreement to address how the sharing of certain SUD treatment records are handled. The Partnership, which includes more than 50 organizations spanning the entire range of health care, continues to urge lawmakers to align Part 2 with HIPAA for purposes of treatment, payment, and health care operations. Great progress was made last year in addressing the disparity in the treatment of these records and there remains a sense of urgency on Capitol Hill to pass legislation this year.

**Background:** Part 2 requires multiple consents from patients in order to disclose their SUD treatment records for purposes of TPO which can create barriers to whole-person, integrated approaches to care. Passed in the 1970s, Part 2 was a way to encourage addiction treatment without fear of criminal prosecution. But in the 21<sup>st</sup> Century, Part 2, as currently written, is outdated, hinders patients' ability to receive treatment, and threatens to exacerbate the opioid epidemic. The Partnership is calling on Congress to align Part 2 with HIPAA for purposes of TPO, as HIPAA already provides protection to other important, sensitive patient information.

**Why it matters**: When providers don't have access to substance use disorder treatment records, they will not be able to treat the whole patient and risk prescribing more opioids to addiction patients.

**What:** The Partnership will hold a press briefing via telephone to give journalists the latest on the issue, discuss the lingering problems Part 2 leaves, and why there's hope Congress will address the issue this year.

Who:	Gerald (Jud) DeLoss, J.D., Greensfelder Law, Chicago IL. Jeremiah Gardner, MA, LADC, Recovery Advocate, Hazelden Betty Ford Foundation R. Corey Waller, MD, MS, FACEP, DFASAM, Chair of the Legislative Advocacy Committee, American Society of Addiction Medicine
Moderator:	<b>Rebecca Murow Klein</b> , Chair, Partnership to Amend 42 CFR Part 2, Director of Government Affairs, Association for Behavioral Health and Wellness
When:	Tuesday February 19, 2019 11:00am – 11:45am ET

**How to call in:** Dial in: 1.929.436.2866 Passcode: 390 384 701 Join via computer and ask q's online: <u>https://centerstone.zoom.us/j/390384701</u>

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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