



Advancing Health Care Policy
for Mental Health and Addiction

FOR IMMEDIATE RELEASE

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ABHW Seeks Additional Changes to Substance Use Disorder Confidentiality Rule

Washington, DC (October 25, 2019) – The [Association for Behavioral Health and Wellness](#) (ABHW), the national voice for payers that manage behavioral health insurance benefits for over 200 million people, today submitted comments to the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) in response to the notice of proposed rulemaking (NPRM) regarding the Confidentiality of Substance Use Disorder Patient Records Proposed Rule (SAMHSA 4162-20).

As the chair of the [Partnership to Amend 42 CFR Part 2](#) (Partnership), ABHW is in full alignment with the Partnership's position and comments in response to SAMHSA's NPRM. Additionally, ABHW would like to highlight the following provisions:

- **Consent Requirements** – ABHW supports the elimination of the requirement for the disclosure consent form to name the specific individual receiving the record. This will decrease frustration and delays in applying for and receiving non-medical benefits and services.
- **Disclosures for Payment and Health Care Operations** – We urge SAMHSA to include care coordination and case management under the definition of health care operations as set forth under the Health Insurance Portability and Accountability Act (HIPAA) in order to reduce a barrier to integrated care.
- **Disclosures to Prescription Drug Monitoring Programs (PDMPs)** – ABHW agrees with allowing opioid treatment programs to provide PDMPs with data on methadone and buprenorphine dispensed for the treatment of opioid addiction to enhance PDMPs and help in the prevention of substance use disorder (SUD).
- **Medical Emergencies** – We also favor creating a broader definition of what is considered an emergency under Part 2 so that foreseeable emergencies can be prevented.
- **Align Part 2 with HIPAA for the Purposes of Treatment, Payment, and Operations (TPO)** – ABHW recommends aligning Part 2 with HIPAA for the purposes of TPO to promote safe, effective, coordinated care for persons with opioid addiction and other substance use disorders.

Pamela Greenberg, President and CEO, ABHW, stated, “The NPRM is a step in the right direction to lifting some of the constraints to integrated care imposed by the current Part 2 rule. However, we strongly encourage SAMHSA to use its full legal authority and further align Part 2 with HIPAA to allow for the transmission of SUD records for the purpose of treatment, payment, and health care operations while maintaining patient protections. Only then will we be able to provide the same integrated care for individuals with a SUD as we do for individuals with a mental or physical illness.”

ABHW’s comment letter may be accessed [HERE](#).

The Partnership to Amend 42 CFR Part 2 comment letter may be accessed [HERE](#).

SAMHSA’s Legal Authority to Expand the Scope of Part 2: [HERE](#)

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[ABHW](#) is the leading health plan association working to improve access and quality of care for mental health and substance use disorders. ABHW’s members include national and regional health plans who care for more than 200 million people. Together we work to reduce stigma and advance federal policy on mental health and addiction care. Member companies - Aetna Behavioral Health, AmeriHealth Caritas, Anthem, Beacon Health Options, Centene Corporation, Cigna, Kaiser Permanente, Magellan Health, New Directions Behavioral Health, and Optum.