Health Care Coalition Submits Comments to Modernize SUD Treatment Privacy Law and Enhance Coordinated Care and Safety

Washington, DC (October 25, 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 in response to the notice of proposed rulemaking (NPRM), “Coordinating Care and Information Sharing in the Treatment of Substance Use Disorders,” released by the Substance Abuse and Mental Health Services Administration (SAMHSA). The proposed rule would modify Part 2, the federal regulations that govern confidentiality of drug and alcohol treatment and prevention records.

The Partnership is in full support of modernizing Part 2 and appreciates SAMHSA’s efforts to take on that task. We hope that SAMHSA will use its full legal authority to align Part 2 with HIPAA to allow for the transmission of substance use disorder (SUD) records for the purpose of TPO as well as enhance patient privacy and anti-discrimination protections. Only then can we promote integrated care and heightened patient safety, while providing health care providers with one federal privacy standard for all of medicine.

As a coalition of nearly 50 organizations spanning the entire range of health care, we are pleased to see the following in the proposed rule:

- Allows patients to consent to the disclosure of their information to a wide range of entities, without having to name the specific individual receiving this information on behalf of a given entity.

- Clarifies that treatment records created by non-Part 2 providers based on their own patient encounters will not be subject to Part 2, unless SUD records previously received from a provider subject to Part 2 are incorporated in the non-Part 2 provider’s records.

While the Partnership strongly supports SAMHSA’s efforts, we urge the agency to consider the following:

- Align Part 2 with HIPAA for the purposes of TPO.
• Allow for disclosure and redisclosure of Part 2 records for the purposes of case management and/or care coordination by revising the definition of “qualified services organization” (QSO).
• Permit the use of an “opt out” consent process.

Individual members of the Partnership have positions on other provisions not discussed in the Partnership letter and their individual letters address those issues.

SAMHSA’s Legal Authority to Expand the Scope of Part 2: HERE.

Read the Partnership’s full comments HERE.

###

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 · 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 · Opioid Safety Alliance · Otsuka America · Patient-Centered Primary Care Collaborative · Pharmaceutical, Inc. · Pharmaceutical Care Management Association · Premier Healthcare Alliance · Smiths Medical · Strategic Health Information Coalition