

Tuesday, August 21, 2018

## Urge Your Senators to Remove Obstacles to Information-Sharing for Patients with Substance Use Disorder

### *Align 42 CFR Part 2 with HIPAA*

In the House of Representatives' debate in June on legislation to combat the opioid epidemic, the AHA strongly supported a bill – H.R. 6082, the Overdose Prevention and Patient Safety (OPPS) Act – to improve health information-sharing for providers treating patients with substance use disorder (SUD) by aligning 42 CFR Part 2 with Health Insurance Portability and Accountability Act (HIPAA) regulations for the purposes of treatment, payment, and health care operations, while enhancing protections that currently exist for SUD records. The bill overwhelmingly passed as an amendment to a larger opioid bill by a vote of 357-57.

The Senate may soon begin floor debate on a package of opioid bills that contain provisions reported by various Senate committees. In its current form, that package does *not* include a provision to modernize 42 CFR Part 2. Aligning 42 CFR Part 2 with HIPAA is needed to help stem the opioid epidemic, improve patient safety, and allow for better care coordination. We are asking you to immediately contact your Senators and ask them to include language that aligns 42 CFR Part 2 with HIPAA in the Senate's opioid package.

### **Action Needed**

**Please call both of your senators' office and ask them to include a provision amending 42 CFR Part 2 in the Senate's final opioid package. To contact your senators, please call the U.S. Capitol at (202) 224-3121. An operator will connect you to your senators' offices.**

Please ask to speak to the Legislative Assistant who handles health care issues and urge the Senator to support 42 CFR Part 2 reform in the Senate's opioid package. If they ask for specific language, please point to H.R. 6082 ([linked here](#)).

### **Background**

42 CFR Part 2 is a 1970s federal law that limits the responsible sharing of SUD treatment records. Protecting patients' confidentiality is of the utmost importance, but the outdated nature of Part 2 has created barriers for providing the best care possible to persons with

SUD. The law requires SUD treatment records to be segregated from the rest of a patient's medical record and, unlike records of treatment for every other condition, these records may only be accessed by the physician pursuant to a specific, time-limited, written consent form. As a result, physicians who wish to access a presenting patient's medical record cannot see that patient's history of drug addiction or treatment, including any associated medications they may be receiving, leading to inappropriate prescribing of potentially lethal medications, adverse drug interactions, and substandard care.

*How does aligning 42 CFR Part 2 with HIPAA improve patient safety and care?*

- Improves provider's access to a patient's complete medical record, including SUD records, which will promote quality care.
- Integrates patient care, which will reduce the danger of an individual with an opioid addiction being prescribed an opioid.
- Strengthens strong patient protections that are in current law, which will continue to ensure addiction records are not inappropriately shared.

We were successful in adding 42 CFR Part 2 language to the house opioid bill and need to redouble our efforts to reach a similar outcome in the Senate.