
PARTNERSHIP TO AMEND 42 CFR PART 2

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Stakeholders Agree: Modernize the Privacy Laws to Combat Opioid Epidemic

Part 2 Coalition Applauds Bipartisan Bill to Strengthen Addiction Treatment

Washington, DC (July 28, 2017) – The Partnership to Amend 42 CFR Part 2, a coalition of over 30 health care organizations committed to helping the country end the opioid crisis, today issued the following statement in response to the introduction of the bipartisan Overdose Prevention and Patient Safety Act, “OPPS Act” of 2017, H.R. 3545, by Congressmen Tim Murphy, PhD. (R-PA) and Earl Blumenauer (D-OR).

“We applaud Congressmen Murphy and Blumenauer on the introduction of this bill, as it will help to ensure persons with opioid use disorder and other substance use disorders receive the safe, effective care they need. OPPS is a key piece of legislation that will allow appropriate access to patient information that is essential for providing whole-person coordinated care and strengthen protections of substance use disorder records. *Partnership to Amend 42 CFR Part 2 Coalition*

“In light of our country’s opioid crisis, it is imperative that the requirements for exchanging a person’s substance use record aligns fully with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements that allow the use and disclosure of patient information for treatment, payment, and health care operations. Without alignment, integrated care that addresses all of a patient’s health needs cannot be provided, leading to unintended risks and potential life-threatening consequences. *Rebecca Murow Klein, Chair, Partnership to Amend 42 CFR Part 2 and Director, Government Affairs, Association for Behavioral Health and Wellness*

“Even if substance use contributes to co-morbid or complicating factors, providers have no ability to learn this history and tailor care plans, leading to gaps and missed opportunities for addiction treatment. This is a particular issue for accountable care organizations, which are at financial risk for the costs and quality of patient outcomes. Forcing providers to fly blind on substance use histories limits their success in value-based contracts, and compromises the quality and coordination of care. *Blair Childs, Senior Vice President of Public Affairs for Premier Inc*

“Prescription drug abuse, especially with opioid analgesics, is the fastest-growing drug problem in America, and the Academy of Managed Care Pharmacy (AMCP) is committed to addressing the epidemic. Last year, AMCP gathered key stakeholders to develop recommendations that would improve pain management, prevent opioid use disorder, and facilitate better medication-assisted treatment outcomes. To make this happen, however, providers first need appropriate access to patient records. Access is critical to improving opioid addiction outcomes, particularly by protecting patients from the unintended consequences of potential drug interactions. AMCP is pleased that Congressmen Murphy has introduced legislation to allow the sharing of those records with appropriate health care providers while safeguarding patient privacy. *Susan A. Cantrell, RPh, CAE, Chief Executive Officer of the Academy of Managed Care Pharmacy*

“Hospitals and health systems see first-hand every day the devastating effects of substance use disorders, including opioid addiction, on patients, families, and communities. Congress passed measures providing critical resources to communities battling the epidemic last year, however, to ensure comprehensive treatment more needs to be done to allow for the appropriate sharing of patient substance use records. We thank Congressmen Tim Murphy and Earl Blumenauer for introducing this important bipartisan

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legislation, and we look forward to working with Congress to enact it. *Tom Nickels, Executive Vice President of the American Hospital Association*

“The Joint Commission supports Congressman Murphy's proposal to create a streamlined mechanism to ensure appropriate sharing of important substance use information among a patient's health care providers. Such information is critical in order to improve the provision of safe and effective care and to avoid unintended negative consequences. *Margaret VanAmringe, MHS, Executive Vice President, Public Policy and Government Relations, The Joint Commission*

“Netsmart thanks Congressman Murphy for his patient-centered bill, and urges Congress to move forward on passage to stop the discrimination against persons wishing to consent to share their health information with their treating providers. It supports our view that the ultimate goal should be that any person – whether suffering from substance use disorder, mental illness, diabetes or multiple co-occurring conditions – be able to share their health data with their healthcare providers with equal simplicity, regardless of diagnosis. *Kevin Scalia, Executive Vice President Corporate Development, Netsmart*

“High-value, patient centered healthcare depends upon the seamless flow of health information. Today, that care is hindered for some of those who need help the most -- those with substance use disorders. We applaud Congressman Murphy's effort to facilitate the information sharing needed to care for these individuals and to strengthen protections against the use of substance use disorder records in criminal proceedings. This safeguards individuals as we move towards more coordinated care models that drive better outcomes for all patients.” *Mary R. Grealy, President, Healthcare Leadership Council*

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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 Hospital Association · American Psychiatric Association · American Society of Addiction Medicine · 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 · Blue Cross Blue Shield Association · Catholic Health Association · 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/Confidentiality Coalition · InfoMC · The Joint Commission · The Kennedy Forum · Mental Health America · National Alliance on Mental Illness · National Association of Psychiatric Health Systems · National Association of State Mental Health Program Directors · National Rural Health Association · Netsmart · Otsuka America Pharmaceutical, Inc. · Premier Healthcare Alliance