



**American Hospital
Association®**

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June 20, 2018

United States House of Representatives
Washington, DC 20515

Dear Member of Congress:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – the American Hospital Association (AHA) writes to reiterate our strong support of H.R. 6082, the Overdose Prevention and Patient Safety (OPPS) Act, which would align 42 CFR Part 2 with the Health Insurance Portability and Accountability Act (HIPAA) for the purposes of treatment, payment and health care operations.

Clinicians treating patients for any condition need access to their complete medical histories, including information related to any substance use disorder (SUD), to ensure their patients' safety and delivery of the highest quality care. Partitioning a patient's record to keep SUD diagnoses and treatments hidden from the clinicians entrusted to care for the patient, as required by 42 CFR Part 2, is dangerous for the patient, problematic for providers and contributes to the stigmatization of mental and behavioral health conditions.

Too many patients who suffer from an SUD have stories of how a well-intentioned emergency room physician or other clinician nearly prescribed them an opioid or another drug that would have endangered their life or sobriety. Such incidents occur because current law prevents some clinicians from accessing information on the patient's SUD and treatment plan unless the patient has given consent.

Clinicians in our hospitals and health systems must go to extraordinary lengths to comply with the requirements of 42 CFR Part 2. For example, we have heard concerns from obstetricians who specialize in treating pregnant women with SUD diagnoses and other clinicians who treat both the physical and SUD diagnoses of patients. To ensure compliance with 42 CFR, Part 2, as currently written, they must maintain two separate computers and two separate medical records. This adds burden and expense, but without benefit.

Recent revisions made by the Substance Abuse and Mental Health Services Administration (SAMHSA) to the Part 2 regulations are not a significant improvement over the previous requirements, and do little to eliminate the regulation's barriers that impede the robust sharing of



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patient information necessary for effective clinical integration and quality improvement. Complete alignment of Part 2 with HIPAA privacy rule will, therefore, require statutory changes.

The importance of coordinated care for patients in treatment for opioid use disorder cannot be overstated, and 42 CFR Part 2, enacted more than 40 years ago, is a major barrier to such care. Congress must amend this law, which impedes the sharing of critical patient information that is necessary to deliver the most effective and efficient care. Applying the same requirements to all patient information – whether behavioral or medical – would support the appropriate information sharing essential for clinical care coordination and population health improvement, while safeguarding patient information from unwarranted disclosure. H.R. 6082, the Overdose Prevention and Patient Safety Act, would achieve these goals and we, therefore, urge you to support this bill when it comes to the House floor for consideration.

Sincerely,

/s/

Thomas P. Nickels
Executive Vice President