



# THE PARTNERSHIP TO AMEND 42 CFR PART 2

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## Health Care Coalition Commends Congress on Swift Action to Improve SUD Patient Safety and Coordinated Care

**Washington, DC (March 27, 2020)** – 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 issued the following statement in response to the bipartisan passage of the Coronavirus Aid, Relief, and Economic Security Act, “CARES Act”, that included the re-introduced Protecting Jessica Grubb’s Legacy Act, “Legacy Act”, championed by Senators Shelley Moore Capito (R-WV) and Joe Manchin (D-WV).

The Partnership thanks Senators Capito and Manchin, along with all the other champions and co-sponsors of the Legacy Act for their tireless work and dedication to combatting the opioid epidemic. We also want to thank Representatives Blumenauer (D-OR) and Mullin (R-OK) and other U.S. House of Representatives champions for their leadership on Part 2. The significance of the Legacy Act is considerable. Passage of this legislation will allow appropriate access to patient information that is essential for providing safe, effective, whole-person care for persons with substance use disorders. The appropriate sharing of medical and behavioral health records is even more critical in times of public health emergencies like the opioid crisis and the COVID-19 pandemic.

“The Partnership to Amend 42 CFR Part 2 applauds Congress for their decisive action and leadership in addressing substance use disorders. This legislation will bolster the ability of providers and organizations to deliver safe, high-quality, coordinated care and treatment in addition to improving patient safety and outcomes across the care delivery spectrum - this will save lives.” – **Maeghan Gilmore, MPH, Chairperson for the Partnership to Amend 42 CFR Part 2 and Director, Government Affairs, Association for Behavioral Health and Wellness**

“In today’s health care climate, it’s even more critical to coordinate care, especially for patients who are recovering from substance use disorder. By having access to these patients’ full medical histories, health professionals, including pharmacists, can make fully informed decisions about their care and ensure tragedies are prevented. Equally important is protecting these patients’ privacy and assuring them that they can’t be discriminated against in relation to access to treatment.” – **Susan A. Cantrell, RPh, CAE, CEO, Academy of Managed Care Pharmacy**



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“Community health plans have been on the front lines in addressing addiction and substance use disorders. Time and again our provider partners tell us that outdated restrictions on patient information sharing is a key obstacle to treating individuals suffering from substance use disorders. These critical updates will allow doctors, clinicians and health plans to better collaborate in treating the whole person in ways we know work.” - **Ceci Connolly, president and chief executive officer, Alliance of Community Health Plans**

“We are pleased that the Part 2 legislation that was reintroduced by Senators Manchin (D-WV) and Capito (R-WV) in March is included in HR 748, the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Section 3221 of the bill will simplify the process of coordinating and sharing of addiction records for purposes of treatment, payment and healthcare operations (TPO) while allowing patients to maintain control over their health information. Substance use disorders can have a cascading effect on an individual’s health that should be carefully managed and coordinated. Access to an individual’s entire medical record, including addiction records, with initial patient consent will help ensure that clinicians have the information necessary to provide safe, effective, high-quality treatment and care.” - **Wylecia Wiggs Harris, CEO, American Health Information Management Association**

“We applaud Congress for including a provision in the stimulus bill that aligns 42 CFR Part 2 with HIPAA, which will allow for information to flow between health care professionals to provide safer and better care for our patients with substance use disorders. This is a good step forward in breaking down barriers for people with substance use disorders to receive effective integrated care.” - **Saul Levin, M.D., M.P.A., CEO and Medical Director, American Psychiatric Association**

“Blue Cross and Blue Shield companies have been fighting the opioid crisis since before it became a public health threat and have long supported aligning 42 CFR Part 2 with HIPAA, as it will enhance care coordination. The alignment will ensure health care professionals have a patient’s entire medical, mental health and substance use disorder records so they can provide patients with safe, comprehensive and quality care when they need it. This information is critical when treating a patient who may be impaired by a substance use disorder. We’re pleased to see Congress take action to save lives.” - **Justine Handelman, Senior Vice President, Office of Policy and Representation for the Blue Cross Blue Shield Association**

“The Catholic Health Association thanks all the members of Congress who have supported this important legislation and the organizations in the Partnership to Amend 42 CFR Part 2 for working with us to improve care for those suffering from substance use disorders.” - **Lisa Smith, Vice President, Advocacy and Public Policy, Catholic Health Association**



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“Simply put, amending this ruling will save lives. By applying the gold standard of HIPAA, we can provide better coordination of care and a higher standard of care for our patients who are at the greatest risk.” - **David C. Guth, Jr., CEO, Centerstone**

“Our members have long advocated for policy changes that help clinicians better care for patients with opioid use disorders. Today is a momentous step forward in our journey to improve data sharing about all patients using a single guideline for privacy – HIPAA. Aligning patient consent policies will help us fight the opioid epidemic that has ravaged our nation and it will facilitate better care across the care continuum.” - **Liz Johnson, MS, FCHIME, FHIMSS, CPHIMS, RN-BC, vice chair of the College of Healthcare Information Management Executives (CHIME) Policy Steering Committee and a member of CHIME’s Opioid Task Force**

“The provisions in the CARES Act updating addiction privacy rules are long overdue and essential to improving outcomes for people with substance use disorders. We can and must prevent medical errors by giving doctors all the information they need when making critical life-or-death decisions. The ability to provide whole-person care will save lives.” - **Former U.S. Rep. Patrick J. Kennedy, founder of The Kennedy Forum and co-chair of Mental Health for US**

“Passage of this legislation removes a significant barrier for our clients and providers nationwide seeking to deliver fully-informed diagnosis and treatment to persons with a substance use disorder or history of substance use treatment. It also supports the ultimate goal of consent -- that any person be able to easily share his or her health data with their healthcare providers if they so desire. Finally, but significantly, it strengthens information breach, anti-discrimination and patient privacy protections for substance use disorder patients that exceed both existing Part 2 and HIPAA protections, as well as adding enforcement from the HHS Office for Civil Rights.” - **Kevin Scalia, Executive Vice President, Netsmart**

“OCHIN applauds Congress for acting on this important issue during the COVID-19 crisis. We believe care coordination, especially for underserved communities, will significantly improve as a result. This will help save lives, now and into the future.” - **Jennifer Stoll, Executive Vice President of Government Relations and Public Affairs, OCHIN**

“This is a long overdue change to our antiquated rules on health care data and will help empower providers with information to better care for those with substance use disorders.” - **Joe White, Executive Director, Opioid Safety Alliance**

“Secure access of information across the continuum of health care services unlocks tremendous potential for Population Health Management initiatives and will especially aid the organizations helping overcome opioid and other substance use to work cohesively and better support their patients. The Population Health Alliance recognizes Senators Capito and Manchin along with all the members of Congress and health care advocates who have worked to modernize this law in a way that will help patients live healthy and improve care through the current crisis and for years to come.” - **Helene Forte, Chair of Government Affairs, Population Health Alliance**



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Premier applauds the unwavering leadership of Sens. Joe Manchin and Shelly Moore Capito and Reps. Markwayne Mullin and Earl Blumenauer for championing legislation to modernize care coordination to address the addiction crisis that has impacted millions of Americans for the better part of a decade. Premier fully supports the provision in the Coronavirus Aid, Relief, and Economic Security (CARES) Act that will breakdown silos to inform diagnosis, treatment and care coordination for substance use disorders.” - **Duanne Pearson, Vice President of Advocacy, Premier Inc.**

“The Joint Commission applauds the passage of the legislation to align 42 CFR Part 2 regulations with HIPAA with initial patient consent. This will help to reduce unintended treatment errors and to ensure that substance use disorder patients receive safe care, and coordinated care.” - **Margaret VanAmringe, MHS, Executive Vice President for Public Policy and Government Relations, The Joint Commission**

<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 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 · 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 · Primary Care Collaborative · Pharmaceutical, Inc. · Pharmaceutical Care Management Association · Premier Healthcare Alliance · Population Health Alliance · Smiths Medical · Strategic Health Information Exchange Collaborative