



January 15, 2018

The Honorable Kevin Brady
Chairman
Ways and Means Committee
United States House of Representatives
Washington, DC 20515

The Honorable Richard Neal
Ranking Member
Ways and Means Committee
United States House of Representatives
Washington, DC 20515

Dear Chairman Brady and Ranking Member Neal:

On behalf of the Healthcare Leadership Council, we are pleased to submit this letter regarding the importance of information flow to combat our nation's opioid crisis.

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century health system that makes affordable, high quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, pharmacies, post-acute care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach.

HLC has been an active member of the Partnership to Amend 42 CFR Part 2, a coalition of 20 healthcare stakeholders dedicated to aligning 42 CFR Part 2 with HIPAA to increase access to patient information to provide whole person care. As a member of this coalition, we endorse the following principles below.

- Part 2 provisions are not compatible with the way health care is delivered currently.
- Access to a patient's entire medical record, *including addiction records*, ensures that providers and organizations have all the information necessary for safe, effective, high quality treatment and care coordination that addresses all of a patient's health needs.
- Failure to integrate services and supports can lead to risks and dangers to individual patients, such as contraindicated prescription medicines and problems related to medication adherence. This is particularly crucial for patients with histories of prescription drug abuse.

- Obtaining multiple consents from a patient is challenging and creates barriers to whole-person, integrated approaches to care that have proven to produce the best outcomes for our patients.
- Part 2 requirements should be aligned fully with the HIPAA requirements that allow the use and disclosure of patient information for treatment, payment, and health care operations.
- Health care professionals, insurers, and others who receive basic health information through a health information exchange or a shared electronic health record should not use this information to discriminate against patients.
- Part 2 information should not be disclosed for non-treatment purposes to law enforcement, employers, divorce attorneys, or others seeking to use the information against the patient, which the HIPAA privacy framework already easily accommodates. Existing penalties for unauthorized release and use of confidential medical information should apply.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) recently released a final rule and supplemental notice of proposed rulemaking which take some steps to modernize Part 2, but this rule does not go far enough. Legislative action is also necessary in order to modify Part 2 and bring the sharing of substance use records into the 21st century.

We applaud your leadership in reviewing important legislation to further these goals to combat prescription opioid abuse. Please feel free to contact HLC's SVP for Policy, Tina Grande (tgrande@hlc.org or 202-449-3433), with any questions.

Sincerely,



Mary R. Grealy
President