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# PARTNERSHIP TO AMEND 42 CFR PART 2

*A COALITION OF OVER 20 HEALTH CARE STAKEHOLDERS COMMITTED TO ALIGNING 42 CFR PART 2 (PART 2) WITH HIPAA TO ALLOW APPROPRIATE ACCESS TO PATIENT INFORMATION THAT IS ESSENTIAL FOR PROVIDING WHOLE-PERSON CARE.*

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The undersigned organizations agree on the following:

- Part 2 provisions are outdated and are not compatible with the way health care is delivered currently.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.
- 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 regarding quality of care, payment of covered services, or access to care.
- 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 notice of proposed rulemaking which takes some steps to modernize Part 2 but 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 21<sup>st</sup> century.

Academy of Managed Care Pharmacy · Alliance of Community Health Plans · American Association on Health and Disability · American Dance Therapy Association · American Hospital Association · American Orthopsychiatric Association · American Psychiatric Association · American Society of Addiction Medicine · 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 · Corporation for Supportive Housing · Employee Assistance Professionals Association · Hazelden Betty Ford Foundation · Healthcare Leadership Council · InfoMC · 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