PARTNERSHIP TO AMEND 42 CFR PART 2

A COALITION OF OVER 35 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.

The undersigned organizations agree on the following:

- 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.
- 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 final rule and supplemental notice of proposed rulemaking which take some steps to modernize Part 2 but do 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.

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 · American
Society of Anesthesiologists · America's Essential Hospitals · America's Health Insurance Plans · AMGA · Ascension · Association for Ambulatory
Behavioral Healthcare · Association for Behavioral Health and Wellness · Association for Community Affiliated Plans · Blue Cross Blue Shield
Association · The Catholic Health Association of the United States · Centerstone · 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 · Medicaid Health Plans of
America · 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 · Smiths Medical