

Committee on Energy and Commerce
Opening Statement
of
Subcommittee on Health Ranking Member Gene Green
May 8, 2018

Improving the Coordination of Substance Use Disorder Treatment

Thank you, Mr. Chairman, for holding today's hearing on substance use disorder treatment and 42 CFR Part 2.

Ranking Member Pallone and I requested a hearing on 42 CFR Part 2 last month and I appreciate the Majority's willingness to hold a hearing on this important issue.

Title 42 of the Code of Federal Regulations Part 2 are the implementing regulations of two laws Congress passed in the early 1970's to protect individuals who seek treatment for substance abuse.

According to the Substance Abuse and Mental Health Administration (SAMHSA), the purpose of 42 CFR Part 2 is "to ensure that a patient receiving treatment for a substance use disorder in a Part 2 program is not made more vulnerable by reason of the availability of their patient record than an individual with a substance use disorder who does not seek treatment."

I agree with SAMHSA. Americans suffering from substance abuse should not become more vulnerable for doing the right thing and seek treatment.

42 CFR Part 2 provides individuals receiving substance use disorder treatment with the privacy they need to guard against the negative consequences of unauthorized release of their drug or alcohol patient information, such as the loss of child custody and parental rights, the loss of a job, denial of health care, possible exclusion from public housing and possible criminal justice consequences, including arrest and prosecution.

SAMHSA, in recent years, has revised Part 2 in order to improve coordination among providers providing treatment to individuals suffering from substance abuse. The revisions expand the ability of providers to share information about a patient with a substance use disorder as well as allow new consent options for disclosure, but continue to maintain Part 2's core protections.

In 2017, treating provider relationships were allowed under certain circumstances such as providing information to entities that agree to provide diagnosis, treatment, evaluation or consultation with the patient.

As we work to balance the privacy needs of individuals seeking substance abuse treatment, we also need to ensure that providers are able to access needed information in order to properly provide them with the treatment they need.

I want to make sure that in an effort to improve coordination of care, we do not sacrifice the rights of individuals seeking needed treatment for their addiction.

We have spent the past few months working on addressing the opioid crisis and have learned from medical professionals that only a small fraction of Americans suffering from substance abuse seek treatment, in part out of fear that their medical records may be disclosed.

Current law allows for the disclosure of information under Part 2 with regard to internal communications, medical emergencies, special court orders, in the event of a crime on the premises or against personnel on the premises of entities covered under Part 2, and qualified service organization and business associate agreements.

Before our committee moves forward on the Overdose Prevention and Patient Safety Act, H.R. 3545, we need to make sure the rights and privacy of patients seeking treatment are protected.

I am open to considering changes to Part 2, but these changes need to meet the current standard of protection that protect Americans seeking substance abuse treatment.

I would now like to yield one minute to my colleague, Congresswoman Matsui of California.