

Opening Statement of Chairman Walden
Subcommittee on Health
“Improving the Coordination and Quality of Substance Use Disorder
Treatment”
May 8, 2018

(As prepared for delivery)

Today marks our fourth health legislative hearing on solutions to address the opioid crisis, an epidemic that knows no geographic, political, or socio-economic bounds. Throughout this process, part of this committee’s approach has been to shift attitudes toward substance use disorder. As I have stated before, substance use disorder is a medical illness and we must treat it that way. Removing the stigma of addiction is one of the most important things we as members of Congress can do to respond to this national emergency and will dramatically change how we prevent and treat this complex disease.

During our work to develop policies to stem the tide of addiction and abuse, an extraordinary array of hospitals, physicians, patient advocates, and substance use disorder treatment providers have approached this committee to clearly state that existing federal confidentiality regulations, know as 42 CFR Part 2 or “Part 2”, are interfering with case management and care coordination to effectively treat substance use disorder.

The statute behind Part 2 was enacted more than 20 years before Health Insurance Portability and Accountability Act, or HIPAA, and 40 years prior to the use of electronic health care records. The intent behind Part 2 was to protect patients seeking treatment from negative repercussions, such as incarceration and loss of employment. And yet, Part 2 doesn’t even apply to all substance use disorder patients, meaning that some providers have full access to a patients’ medical record while others do not.

For the millions of patients suffering from substance use disorder who are treated by a provider not subject to Part 2, their records are protected by HIPAA. This begs the following questions – is HIPAA protective enough for those seeking substance use disorder treatment or not? If it is not, what can we do to better protect patient privacy and better coordinate substance use disorder treatment?

Because as currently written, the statute behind Part 2 handcuffs providers and hurts patients.

Representative Mullin and Representative Blumenauer have tackled this complex issue and written the Overdose Prevention and Patient Safety Act, which I believe strikes the right balance of maintaining and strengthening patient protections, while allowing for the limited sharing of substance use disorder treatment records between health providers, plans and clearinghouses.

The legislation also includes strong penalties and discrimination prohibitions in statute to protect people seeking and receiving substance use disorder treatment. I have heard from providers in Oregon, from hospitals to health centers to addiction specialists, who believe these changes are critical to their improving treatment of substance use disorder.

I understand this issue is a sensitive one. There has been a lot of discussion and confusion about what this bill does and does not do. Privacy law is complex, which is why we are having another hearing in addition to the testimony we heard on this issue in March. We are here to learn more about this issue and listen to stakeholders on both sides of the argument. It is important that we have a thoughtful discussion about ensuring that patients seeking these services receive privacy protections, parity and the same quality treatment that is provided to patients with other chronic disorders.

The Ranking Member has made clear that he will evaluate bills based on two principles: One, whether the proposal improves access to treatment for opioid use disorders; or two, whether the proposal helps to prevent people from getting addicted to opioids in the first place. I would argue that the Overdose Prevention and Patient Safety Act does both. Treating patients' substance use disorder in isolation from their medical conditions, which predominated care in the 1970s, is not the standard of good medical practice today.

This legislation will arm physicians with all of the necessary information to provide the best care, ultimately improving access to treatment and preventing the unnecessary prescribing of substances that may cause harm to a patient.

Thank you to our witnesses for joining us today. I look forward to hearing your insights on this important bipartisan legislation, and furthering our efforts to combat the opioid crisis.