

**Opening Statement**  
**Chairman Michael C. Burgess, M.D.**  
**Energy and Commerce Subcommittee on Health**  
**Subcommittee Hearing: 42 CFR Part 2**  
**May 8, 2018**

*(As prepared for delivery)*

In the past few months, this Subcommittee has held three hearings to evaluate bills to address this opioid epidemic. We have also favorably reported 57 bills to the full Energy and Commerce Committee. Today, for the second time, we are here to discuss a bill that would make timely reforms to a privacy law that affects patient access to health care and creates barriers to treatment – the Overdose Prevention and Patient Safety Act. This hearing is an important opportunity for us to gain a better understanding of federal privacy laws and how they function in the healthcare delivery system.

As a physician, I believe that it is vital that when making clinical decisions, I have all of the appropriate information to make the correct determination in the treatment of a patient. Those suffering from substance use disorder should receive the same level of treatment and care as other individuals. Patients afflicted with substance use disorder deserve to be treated by physicians who are armed with all of the necessary information to provide the best care. I certainly do understand and respect that patient privacy protection is paramount and should be held to the highest regard. The Overdose Prevention and Patient Safety Act maintains the original intent of the 1970s statute behind 42 CFR Part 2 by protecting patients and improving care coordination. In fact, Mr. Mullin’s bill increases protections for those seeking treatment by more severely penalizing those who share patient data than under the current statute.

The issue of the stigma associated with substance use disorder has been a constant in all discussions we have had, both in our offices and in our hearings. We have dedicated months of our time to putting together legislation to help break stigma and help individuals with this complex disease gain access to health care and support services critical to getting them on the road to recovery. The first step in addressing a problem is admitting that it exists. If we continue to silo the substance use disorder treatment information of a select group of patients rather than integrating it into our medical records and comprehensive care models, how can we ensure these patients are receiving quality care? Physicians, unknowing of a patient’s substance use disorder, may prescribe medications that have significant

drug interactions, or worse, may prescribe controlled substances that make their patient's substance use disorder worse. As it currently stands, 42 CFR Part 2 is actively prohibiting physicians from ensuring proper treatment and patient safety while perpetuating stigma.

At our second opioid hearing held in March, we brought this bill up for consideration and openly debated privacy concerns with expert witnesses and amongst health subcommittee members. Additionally, panelists at our recent roundtable discussion with victims of the opioid epidemic echoed the need for reforming the current law.

As we all know, providing high quality health care is a team effort. Physicians are leading that team, but it is necessary that physicians have the necessary information to adequately coordinate care. We must align payment, operations, and treatment to allow coordination of both behavioral and physical health services for individuals with substance use disorder,

In fact, I recently heard from a hospital in my district that mentioned that there is some likelihood that Part 2, as it currently stands, could be a disincentive for health care systems seeking to open addiction treatment centers due to the problems the law creates, particularly the sequestration of patient information from their hospital.

There's a reason why SAMHSA and most of the health stakeholder community is asking for this change. Clearly, there is an issue here that must be addressed. This opioid crisis is devastating our country. Our action is important to the families and communities – our constituents – impacted by the opioid epidemic.

I thank all the witnesses here today and look forward to their testimony.

I would now like to yield the balance of my time to the gentlelady from Tennessee.