H.R. 6082, Overdose Prevention and Patient Safety Act

Summary:

This bipartisan bill, sponsored by Reps. Markwayne Mullin (R-OK) and Earl Blumenauer (D-OR), and cosponsored by Chairman Greg Walden (R-OR), expands the circumstances under which medical records relating to substance use disorders can be disclosed to healthcare providers, plans, and health care clearing houses, thereby enabling medical professionals to access that information when treating patients. Such disclosures must be made in accordance with the Health Insurance Portability and Accountability Act’s (HIPAA) privacy regulations and the bill prohibits any entity from discriminating against an individual on the basis of information contained in substance abuse medical records. This bill simply uses the same model that other federal privacy laws have, which is that exchanging health care information within the health care system produces better outcomes for that patient.

Background:

Federal confidentiality law and regulations (42 C.F.R. Part 2, or Part 2) related to substance use disorder (SUD) treatment information were enacted in the 1970s after Congress recognized individuals with SUD had been avoiding getting medical help for fear of discrimination if the records became public.

Part 2 law and regulations impose more restrictions on the disclosure of substance use disorder treatment records than most other Federal and State health privacy laws, including the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) under HIPAA. Under the HIPAA Privacy Rule, health information may be used or disclosed by covered entities (health providers, payers, and clearinghouses) for the purposes of treatment, payment, and other health care operations. Compared to the HIPAA Privacy Rule, Part 2 is much narrower in scope and permits fewer uses and disclosures of patient information without express written consent.

However, the current restrictions on medical records dealing with opioid use disorder and associated treatments are hindering health care providers’ ability to effectively treat patients, especially patients they are seeing for the first time or patients they are seeing under emergency situations.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple health care needs. However, Part 2 serves as a barrier for initiatives that promote enhanced access and care continuity. Access to a patient’s entire medical record, including addiction records, helps ensure that health providers and organizations have all the information necessary for safe, effective, high quality treatment, and care coordination that addresses all of a patient’s unique health needs.

An extraordinary array of organizations hospitals, physicians, patient advocates, and substance use treatment providers have clearly expressed that existing federal addiction privacy law is actively interfering with case management and care coordination efforts.

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