



April 12, 2018

The Honorable Greg Walden
Chairman
House Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Frank Pallone, Jr.
Ranking Member
House Committee on Energy and Commerce
2322A Rayburn House Office Building
Washington, DC 20515

Dear Chairman Walden and Ranking Member Pallone:

On behalf of 103,000 health information management professionals, the American Health Information Management Association (AHIMA) wishes to express support for H.R. 3545, the Overdose Prevention and Patient Safety (OPPS) Act. The legislation seeks to align the 42 CFR Part 2 regulation with the Health Insurance Portability and Accountability Act (HIPAA) for purposes of healthcare treatment, payment and operations.

AHIMA's credentialed and certified health information management (HIM) members can be found in more than 40 different employer settings in 120 different job functions—consistently ensuring that health information is accurate, timely, complete, and available to patients and providers. The Part 2 regulation presents an operational challenge for HIM professionals working in designated Part 2 programs. HIM professionals working in such programs are often forced to work with paper records. In instances where a Part 2 program may have an electronic health record (EHR), data segmentation functionality is often not available. Lacking such functionality, HIM professionals must keep a patient's addiction records separate from the rest of the patient's medical record—resulting in the creation of two separate medical records. Because such information is kept separate, providers are often unaware of the risks to their patient from multiple drug interactions and co-existing medical problems even though substance use disorders can have a cascading effect on an individual's health and must be carefully managed and coordinated.

The Part 2 regulation is also an impediment to HIM professionals working in states with integrated care delivery models that encourage information sharing to support care coordination and integration of patient care. Despite the fact that state law may encourage information sharing (including substance abuse treatment information), the Part 2 regulation often limits the sharing of both mental health and substance abuse treatment information for purposes of care coordination. In turn, this compromises the intent of integrated care by putting individuals with substance use disorders at a disadvantage over other patients because providers have an incomplete picture of their patient thereby hindering a clinician's ability to deliver informed, coordinated care—the foundation of integrated care delivery models.

A major tenet of the HIPAA Privacy Rule is to ensure that “protections for patient privacy are implemented in a manner that maximizes the effectiveness of such protections while not compromising either the availability or the quality of medical care.”¹ AHIMA believes that the same justification should

¹ 67 FR 53181.

hold true for patients receiving substance use disorder treatment in a Part 2 program. Access to an individual's medical record, including addiction records, for purposes of healthcare treatment, payment or operations will help ensure that providers have the information necessary to provide safe, effective, high-quality treatment and care.

We appreciate your leadership on this issue and look forward to working with you and other Members of Congress to advance H.R. 3545.

Sincerely,

A handwritten signature in cursive script that reads "Wylecia Wiggs Harris".

Dr. Wylecia Wiggs Harris, PhD, CAE
Chief Executive Officer
AHIMA