



April 11, 2018

The Honorable Lamar Alexander  
Chairman, Committee on Health, Education,  
Labor and Pensions  
United States Senate  
Washington, DC 20510

The Honorable Patty Murray  
Ranking Member, Committee on Health,  
Education, Labor and Pensions  
United States Senate  
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of 103,000 health information management professionals, the American Health Information Management Association (AHIMA) wishes to thank you for releasing draft legislation to combat the opioid crisis. We appreciate the Committee's continued leadership in advancing solutions to address this growing epidemic. We also write to urge you to include S. 1850, the Protecting Jessica Grubb's Legacy Act in the final version of your opioid legislation. S. 1850 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 clinicians 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.”<sup>1</sup> AHIMA believes that the same justification should 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.

While SAMHSA recently released two final rules that take some steps to enhance the efficiency of certain payment and healthcare operations such as claims processing, business management, and audit and evaluation activities, it does not go far enough as to truly address the significant barriers within the Part 2 regulation that inhibit the information sharing needed to facilitate care coordination on behalf of the patient.

We thank you for your consideration in including S. 1850 in the Opioid Crisis Response Act of 2018 and for the Committee’s continued commitment in combating the opioid crisis.

Sincerely,

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

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

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<sup>1</sup> 67 FR 53181.