



Matthew Eyles
President and CEO

October 4, 2018

The Honorable Lamar Alexander
Chairman
Senate Committee on Health, Education, Labor, and Pensions
428 Dirksen Building
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Senate Committee on Health, Education, Labor, and Pensions
154 Russell Building
Washington, D.C. 20510

Dear Chairman Alexander and Ranking Member Murray:

On behalf of America's Health Insurance Plans (AHIP), I am writing to request that you consider advancing legislation that would allow the confidential sharing of substance use disorder (SUD) diagnosis and treatment information to protect patient safety, improve health care quality, and enhance care coordination. This policy passed the House of Representatives on a strongly bipartisan basis with 357 votes in favor of this needed reform.

Bipartisan policies in both the Senate and House – the Protecting Jessica Grubb's Legacy Act (S. 1850) and companion legislation, the Overdose Prevention and Patient Safety Act (H.R. 6082) – seek to align existing federal regulations (42 CFR Part 2) that set requirements for patient consent and related notice requirements for SUD information with the Health Insurance Portability and Accountability Act's existing privacy requirements for uses and disclosures of individuals' health information for treatment, payment, and health care operations.

Both policies were inspired by the tragic loss of Jessica Grubb due to one simple, avoidable reason: one of her physicians did not know that she was in recovery from an opioid addiction and sent her home from the hospital with 50 oxycodone, leading to a fatal relapse. Even though she had disclosed her condition to others on her care team, this information could not be shared among her providers due to the complex requirements of disclosing this information under 42 CFR Part 2. She and her family had no way of knowing this gap in federal rules would cost Jessica her life. S. 1850 and H.R. 6082 seek to prevent tragedies like this in the future by ensuring all members of the care team have access to the knowledge necessary to keep patients with a history of addiction safe.

These bills would require that the medical records of patients with SUDs be treated the same as the medical records of patients with other chronic illnesses. Policies in H.R. 6082 further enhance consumer protections by incorporating antidiscrimination language, significantly enhanced penalties for any breach of a patient's substance use record, and breach notification requirements. By ensuring that health care professionals and health insurance providers have appropriate access to a patient's complete medical record (including addiction-related information), this legislation would protect patients' access to safe, effective, high quality, coordinated care, and treatment that addresses the full scope of their health care needs all while maintaining the patient right to privacy and boosting consumer protections.

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We strongly supported efforts to address this critical patient safety issue in the final opioid bill that is being sent to the President's desk. While we are disappointed that it was not included in the conferenced package, our members remain strongly committed to modernizing federal regulations for the confidential sharing of SUD information, to help ensure that people receive safe, coordinated, whole-person care. Reforming 42 CFR Part 2 will enhance the benefit of the final opioid package for all Americans impacted by SUDs. Advancing this policy through the Health, Education, Labor, and Pensions Committee is crucial to this effort.

Thank you for considering our request. We look forward to continuing to work with you, the Committee members, and your staff to help end the opioid crisis. Reforming 42 CFR Part 2 is a necessary and vital step toward that goal.

Sincerely,

A handwritten signature in cursive script that reads "Matthew Eyles".

Matthew D. Eyles
President and CEO