

March 21, 2018

The Honorable Markwayne Mullin  
U.S. House of Representatives  
1113 Longworth House Office Building  
Washington, DC 20515

The Honorable Earl Blumenauer  
U.S. House of Representatives  
1111 Longworth House Office Building  
Washington, DC 20515

Dear Reps. Mullin and Blumenauer:

On behalf of the Premier, an alliance of more than 3,900 hospitals (approximately 80 percent of U.S. hospitals), hundreds of thousands of physicians and other clinicians and 150,000 other sites of care, we write in strong support of the Overdose Prevention and Patient Safety Act (H.R. 3545).

Premier focuses on improving population health through the promotion of collaborative learning opportunities, identification of clinical best practices and systematic use of data and analytics. With a large, geographically-diverse provider network, nationwide data representing 45 percent of U.S. discharges and significant research and clinical expertise, Premier is uniquely positioned to address important questions on strategies aimed **at curbing the growing opioid epidemic** in the United States.

According to a recent [Premier survey](#), approximately 90 percent of C-Suite leaders from Premier member health systems are prioritizing strategies to curb opioid use. The majority are focusing their efforts on conducting patient assessments with standardized tools upon admission to evaluate pain levels, staff education on resources for safe opioid use and alternative methods for pain relief. Premier resources and capabilities are being leveraged with existing efforts by our health system members and by both professional organizations and federal agencies to reduce the impact of opioid misuse and promote safer, effective, evidence-based pain management practices.

Incredibly, one of the main impediments to these efforts is a more than 40 year-old law that restricts providers' ability to identify patients with substance use disorders. This 1970s rule governing the confidentiality of drug and alcohol treatment and prevention records (42.C.F.R. Part 2 (Part 2)), which predates HIPAA and its robust patient confidentiality protections, prevents CMS from disclosing to providers their patients records on substance use without complex and multiple patient consents. Thus, CMS removes claims records where substance use disorder is a primary *or secondary* diagnosis before sending data to providers.

Failure to update Part 2 means that CMS must remove data relating to substance use, which translates to providers being prohibited from reviewing ***roughly 4.5 percent of inpatient Medicare claims*** and 8 percent of Medicaid claims, despite being accountable for the outcome of their patients' health and cost of care ([NEJM](#)).

This poses a serious safety threat to patients with substance use disorders due to risks from drug contraindications and co-existing medical problems. It also means these patients may not receive care coordination and management. Access to data drives risk modeling, and can help providers identify patients who may benefit from targeted interventions, implement effective patient engagement initiatives, design and evaluate quality improvement initiatives, examine information to eliminate gaps in clinical care and curb costs. The removal of data related to substance use leaves providers "flying blind" when it comes to being fully informed about their patients' history and unable to effectively treat and coordinate their care. Providers cannot safely prescribe medication-assisted treatments (MAT) like buprenorphine, for instance, if they can't see the full medical record? Buprenorphine and other medication assisted treatments coming to the market contraindicate with many drugs, especially those for patients suffering from schizophrenia and bipolar disorder.

These outdated regulations run counter to new, innovative Medicare delivery care models, such as accountable care organizations (ACOS) and bundled payments, which require intense care coordination and in which healthcare providers are at financial risk when caring for these patients. Disparate treatment for alcohol and substance disorder information compared with other types of health information (for example, mental health), impedes comprehensive data sharing, the development of a complete patient-centered care approach to care and the ability of healthcare providers to engage in managing their entire population's health.

The solution is to pass the Overdose Prevention and Patient Safety Act (HR 3545), which would amend Part 2 to align with HIPAA's treatment, payment and operation protections and to allow sharing of medical records among providers for those with addictions, just like we have done for every other disease and condition since 1996. If enacted, the legislation would have an immediate impact in the fight against opioid misuse, at virtually no cost to the taxpayer. Premier urges Congress to swiftly pass this legislation in order to improve outcomes and remove this information barrier to responsible care.

Sincerely,



Blair Childs  
Senior vice president, Public Affairs  
Premier healthcare alliance