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March 20, 2018

Representative Greg Walden
Chairman of the U.S. House of Representatives
Energy and Commerce Committee
2185 Rayburn House Office Building
Washington, DC 20515

Representative Frank Pallone, Jr.
Ranking Member of the U.S. House of Representatives
Energy and Commerce Committee
237 Cannon House Office Building
Washington, DC 20515

RE: U.S. House of Representatives, Energy and Commerce –
Subcommittee on Health: “Combating the Opioid Crisis: Prevention and
Public Health Solutions;”
Amendment in the Nature of a Substitute to H.R. 3545 (“Overdose
Prevention and Patient Safety Act”)

Dear Chairman Walden and Ranking Member Pallone:

I am writing on behalf of the American Association for the Treatment of Opioid
Dependence, which represents over 1,100 Opioid Treatment Programs (OTPs)
throughout the United States.

We have been working with all federal and state agencies, which have
jurisdiction in this area for 35 years. Our treatment programs are regulated by
the Substance Abuse and Mental Health Services Administration (SAMHSA) in
addition to the Drug Enforcement Administration and State Opioid Treatment
Authorities (SOTAs) and additional licensing bureaus of state government.
OTPs are the essential and comprehensive treatment hub sites, specializing in
opioid use disorder treatment. There are more than 400,000 patients in treatment
at these hub sites at any point in time.

While you may already know our concerns about preserving the core confidentiality
protections afforded to patients under 42 CFR Part 2, I wanted to take this
opportunity to reiterate our concerns.



- We believe that converting 42 CFR Part 2 to HIPAA would represent an unnecessary and dangerous exposure to patients seeking access to care and being admitted to opioid use disorder treatment and other substance abuse treatment services.
- We also are of the judgement that the Department of Health and Human Services and SAMHSA made important amendments to 42 CFR Part 2 as a method of further integrating confidential patient information into the use of general electronic medical record keeping.
- We are at a critical juncture in responding to the nation's opioid use/abuse epidemic. I know that you and your associates are keenly aware of this. There is a danger of moving the pendulum too far to the other side as we try to implement a number of corrective measures to get people to remain in treatment.

In my judgement and in the judgment of my associates at AATOD, we need to maintain the core protections, which are afforded to patients under 42 CFR Part 2 as a method of preserving the ability of the patient to consent when other parties want access to their records. HIPAA simply does not provide the same protections with regard to redisclosing patient information.

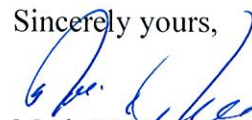
We do not want to construct barriers for patients seeking access to treatment. In spite of the fact that we are in the midst of a major public health epidemic and we do want to have a systemic integration with substance abuse/opioid use disorder treatment and general medical practice, we must understand that stigma is still part of this disease. People are rightfully sensitive to the possibility of losing their jobs, custody of their children and not being able to gain access to other benefits such as disability and life insurance policies. This is not theoretical.

Accordingly, I am urging members of Congress, to maintain the core confidentiality protections so that patients do not have to second guess their decision to enter treatment and remain in treatment.

I am attaching my prior letters to SAMSHA in this policy area from 2016 and 2017. Our position has not changed but I wanted to send this communication as a method of reiterating our concerns.

Thank you once again for your interest in ensuring that patients in need of treatment are properly served.

Sincerely yours,



Mark W. Parrino, MPA
President