



April 9, 2018

The Honorable Greg Walden  
Chairman  
Committee on Energy and Commerce  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Frank Pallone  
Ranking Member  
Committee on Energy and Commerce  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairman Walden and Ranking Member Pallone:

On behalf of the National Alliance on Mental Illness (NAMI), I am writing to offer our strong support for the Overdose Prevention and Safety Act (HR 3545). As the nation's largest organization representing people living with mental illness and their families, NAMI is pleased to support this important legislation to advance the pursuit of integrating care and improving outcomes in behavioral health care.

NAMI believes that 42 CFR Part 2 remains an outdated and antiquated barrier to coordinated care, particularly for individuals with co-occurring mental illness and a substance use disorder. As you both know, individuals diagnosed with a mental health conditions are at much greater risk of abusing substances and falling into the grip of addiction. Additionally, we know that siloed treatment for mental illness and addiction is ineffective and leads to negative outcomes in both an individual's mental health and substance use condition. In many instances, it also creates an even greater risk that individuals will experience poorly managed co-morbid, chronic medical conditions. This is a major contributing factor to the high rates of early mortality for individuals living with mental illness. Numerous studies have found that life expectancy for adults with mental illness may be as much as 25 years less than the general population.

Integrating care across not only mental health and substance use care, but also with primary and specialty medical care, is effective at improving clinical outcomes. It also lowers overall costs across public programs, such as Medicare and Medicaid, and private programs like employer-provided health insurance. However, integration cannot be achieved without the sharing of treatment records among providers. 42 CFR Part 2 remains a significant barrier to the sharing of clinical data and the proper coordination of care. These burdensome consent requirements that are not aligned with HIPAA further stigmatize mental illness and substance abuse as separate from the rest of the health care system. Parity is necessary across the health care system to ensure that behavioral health records are managed the same as all patient data.

With bipartisan support, the Energy and Commerce Committee has embraced alternative payment models (APMs) and is moving our nation's health care system toward paying for "value over volume." As long as behavioral health records remain subject to separate rules that prevent

the sharing of data for treatment, payment and health care operations, mental health and substance use will again be left behind the rest of the health care system. As you advance addiction treatment legislation this spring, NAMI urges you to include the provisions that are in HR 3545 in any bill that is produced by the Committee. This is an important opportunity to improve coordination of care and produce better outcomes for people with mental health and substance use conditions.

Separate is never equal. It is time to align 42 CFR Part 2 with HIPAA and move us toward the goal of true health care integration. Thank you for your leadership on this important issue.

Sincerely,

A handwritten signature in cursive script that reads "Mary Giliberti".

Mary Giliberti, J.D.  
Chief Executive Officer  
NAMI, National Alliance on Mental Illness