

# National Alliance for Medication Assisted Recovery, Inc.

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April 16, 2018

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Energy and Commerce Committee

237 Cannon House Office Building

Washington, DC 20515

## Affiliated Groups and Chapters

AZ NAMA Recovery, Boston NAMA Recovery

CT NAMA Recovery, CT Capitol NAMA Recovery

Delaware NAMA Recovery, DC WAMA NAMA Recovery

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Philadelphia NAMA Recovery, NJ NAMA-R Advocates

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Wisconsin NAMA Recovery

RE: Opposition to H.R. 3545 and Support for Other  
Legislative Proposals to Preserve Confidentiality and  
Coordinate Care

Dear Chairman Walden and Ranking Member Pallone:

NAMA Recovery is writing to express our strong  
opposition to H.R. 3545, the "Overdose Prevention and  
Patient Safety Act." In the midst of the worst opioid  
epidemic in our nation's history, we must do everything  
possible to increase the number of people who seek  
treatment, but H.R. 3545 would do the opposite.

## International

Australian IV League, HOPE (Bulgaria)

Méta d'âme' (Canada), CRAMA (Croatia)

Brugerforeningen (Denmark), ACCES (France)

Methadone Indonesia, UISCE Ireland

Italy Gruppo SIMS, Recovering Nepal

LIBERATION (Poland), INTEGRATION (Romania)

Svenska BrukarForeningen (Sweden)

Methadone Alliance (UK)

It is critical to maintain 42 CFR Part 2's core  
protections—namely, giving Medication Assisted  
Treatment (MAT) patients control over their protected  
treatment information so that their status as MAT patient  
is known only to those that they chose to release  
information to and that the release of their patient

## Projects

Medication Assisted Recovery Support Project (MARS)

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*Together, we can make a difference.*

information makes them more vulnerable to the negative consequences of SUD and their status as a MAT patient.

When a patient's status is known they can experience loss of employment, loss of housing, loss of child custody, insurers, and arrest, prosecution, and incarceration. Patients are fearful that if their drug history is known that it will harm them, but more important is the harm to their family.

Furthermore, NAMA Recovery recommends that other vulnerable populations be given the same protection that MAT patients have. SAMHSA should include anti-discrimination protections that forbid the use of any information disclosed for the purposes of: limiting access to health, life, or disability insurance coverage; limiting access to health care; criminal or civil investigation or prosecution; sharing information with the patient's employer; sharing information with child welfare agencies or family courts; or limiting or denying the patient's rights or opportunities in any way.

SAMHSA's recent changes to Part 2 by in 2017 and 2018 have made it much easier to facilitate (with patient consent) the sharing of health information between SUD and other health care providers in electronic health information systems and coordinated care settings. However there is still confusion because many health care systems do not know what these rules allow. Also, many treatment programs do not have adequate computer systems to enable them to maintain electronic health records or are connected to the electronic health care system.

We do support the following:

Senate's bipartisan "**Opioid Crisis Response Act of 2018**" that provides model programs and materials for training health providers and compliance staff on the permitted uses and disclosures of substance use disorder information, and training family members and patients on their rights to protect and obtain substance use disorder information.

**H.R. 3331** introduced by Representative Lynn Jenkins and co-sponsored by Representative Doris Matsui that provides needed incentive payments to substance use disorder and behavioral health providers to obtain certified electronic health record technology.

Since its beginning methadone treatment has been demonstrated to be the most effective treatment for narcotic addiction, resulting in the termination of illicit opiate use and of criminal behavior. In spite of this success, methadone treatment has been disparaged as a

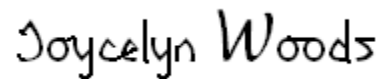
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“substitute drug” by those who ignore the positive benefits that it has clearly brought to society. These attitudes negatively impact on opiate treatment programs (OTPs) in a variety of ways, but it is the patients themselves who are particularly stigmatized and harmed. This atmosphere will not change as long as there is no organization or formal mechanism for patients receiving Medication Assisted Treatment (MAT i.e. methadone and buprenorphine) to voice their own needs and to form a strong unified public presence on their own behalf. As the premier national advocacy organization for MAT the **National Alliance for Medication Assisted Recovery** (NAMA Recovery) will actively respond to the issues that affect the daily lives of MAT patients and work towards the day when they can take pride in their accomplishments.

Sincerely,



Carman Pearman-Arlt, LCSW, LCAC, CMA  
President



Joycelyn Woods, MA, CARC, CMA  
Executive Director