

AMENDMENT TO H.R. 5795
OFFERED BY MR. PALLONE OF NEW JERSEY

Strike section 2 and insert the following new sections:

1 **SEC. 2. DEVELOPMENT AND DISSEMINATION OF MODEL**
2 **TRAINING PROGRAMS FOR SUBSTANCE USE**
3 **DISORDER PATIENT RECORDS.**

4 (a) INITIAL PROGRAMS AND MATERIALS.—Not later
5 than 1 year after the date of the enactment of this Act,
6 the Secretary of Health and Human Services (referred to
7 in this section as the “Secretary”), in consultation with
8 appropriate experts, shall identify the following model pro-
9 grams and materials (or if no such programs or materials
10 exist, recognize private or public entities to develop and
11 disseminate such programs and materials):

12 (1) Model programs and materials for training
13 health care providers (including physicians, emer-
14 gency medical personnel, psychiatrists, psychologists,
15 counselors, therapists, nurse practitioners, physician
16 assistants, behavioral health facilities and clinics,
17 care managers, and hospitals, including individuals
18 such as general counsels or regulatory compliance
19 staff who are responsible for establishing provider

1 privacy policies) concerning the permitted uses and
2 disclosures, consistent with the standards and regu-
3 lations governing the privacy and security of sub-
4 stance use disorder patient records promulgated by
5 the Secretary under section 543 of the Public
6 Health Service Act (42 U.S.C. 290dd-2) for the
7 confidentiality of patient records.

8 (2) Model programs and materials for training
9 patients and their families regarding their rights to
10 protect and obtain information under the standards
11 and regulations described in paragraph (1).

12 (b) REQUIREMENTS.—The model programs and ma-
13 terials described in paragraphs (1) and (2) of subsection
14 (a) shall address circumstances under which disclosure of
15 substance use disorder patient records is needed to—

16 (1) facilitate communication between substance
17 use disorder treatment providers and other health
18 care providers to promote and provide the best pos-
19 sible integrated care;

20 (2) avoid inappropriate prescribing that can
21 lead to dangerous drug interactions, overdose, or re-
22 lapse; and

23 (3) notify and involve families and caregivers
24 when individuals experience an overdose.

25 (c) PERIODIC UPDATES.—The Secretary shall—

1 (1) periodically review and update the model
2 program and materials identified or developed under
3 subsection (a); and

4 (2) disseminate such updated programs and
5 materials to the individuals described in subsection
6 (a)(1).

7 (d) INPUT OF CERTAIN ENTITIES.—In identifying,
8 reviewing, or updating the model programs and materials
9 under this section, the Secretary shall solicit the input of
10 relevant stakeholders.

11 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
12 authorized to be appropriated to carry out this section
13 \$2,000,000 for each of fiscal years 2019 through 2023.

14 **SEC. 3. REPORT ON PATIENT EXPERIENCE WITH PART 2.**

15 (a) IN GENERAL.—The Secretary of Health and
16 Human Services (in this section referred to as the “Sec-
17 retary”) shall conduct or support a study that examines
18 information sharing behaviors of individuals who obtain
19 substance use disorder treatment through a Part 2 pro-
20 gram.

21 (b) TOPICS.—The study pursuant to subsection (a)
22 shall examine the extent to which patients at Part 2 pro-
23 grams agree to share their information, including the fol-
24 lowing:

1 (1) Patient understanding regarding their
2 rights to protect and obtain information under Part
3 2.

4 (2) Concerns or feelings patients have about
5 sharing their Part 2 treatment records with other
6 health care providers and organizations.

7 (3) Whether or not patients agree to share their
8 Part 2 medical records.

9 (4) The extent of providers with which patients
10 agree to share their Part 2 treatment records.

11 (5) If patients have shared their Part 2 treat-
12 ment information—

13 (A) at what point in the treatment rela-
14 tionship with the Part 2 program did the pa-
15 tients choose to do so; and

16 (B) what prompted the patients to share
17 the information.

18 (6) What considerations were taken into ac-
19 count by the patient when deciding whether or not
20 and with whom to share their Part 2 treatment in-
21 formation.

22 (7) How did having the choice to decide to what
23 extent and with whom to share Part 2 treatment
24 records affect patients' decision to uptake or remain
25 in treatment.

1 (8) Would not having a choice to decide the ex-
2 tent to which to share their treatment records from
3 Part 2 programs affect a patient’s decision to par-
4 ticipate or stay in treatment.

5 (c) SCOPE.—The study under subsection (a) shall—

6 (1) include a nationally representative sample of
7 individuals obtaining treatment at Part 2 programs;
8 and

9 (2) consider patients of Part 2 programs being
10 treated for various substance use disorders, includ-
11 ing opioid use disorder and alcohol use disorder.

12 (d) REPORT.—Not later than 2 years after the date
13 of enactment of this Act, the Secretary shall submit a re-
14 port to the Congress on the results of the study under
15 subsection (a).

16 (e) DEFINITIONS.—In this section:

17 (1) The term “Part 2 program” means a pro-
18 gram described in section 543 of the Public Health
19 Service Act (42 U.S.C. 290dd–2).

20 (2) The term “Part 2” means the program
21 under section 543 of the Public Health Service Act
22 (42 U.S.C. 290dd–2).

1 **SEC. 4. REPORT ON ROLE OF PRIVACY IN SUBSTANCE USE**
2 **DISORDER TREATMENT.**

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services shall enter into an agreement with the
5 National Academies of Sciences, Engineering, and Medi-
6 cine to review the role of privacy in substance use disorder
7 treatment.

8 (b) CONTENTS.—The report under subsection (a)
9 shall address each of the following:

10 (1) How do patient perceptions and experiences
11 with privacy of health care information affect their
12 uptake of treatment for substance use disorders,
13 such as opioid use disorder and alcohol use disorder.

14 (2) The extent of privacy protective practices
15 deployed by patients receiving treatment for sub-
16 stance use disorder, causes of such behavior, and ef-
17 fects of such behaviors on their treatment outcomes.

18 (3) How does discrimination and stigma faced
19 by individuals with substance use disorder affect the
20 need for privacy. Are there certain subgroups of in-
21 dividuals with substance use disorder who are more
22 are less likely to need or desire more control to de-
23 termine the extent their substance use disorder
24 treatment records are shared.

1 (4) What is the experience of individuals with
2 substance use disorders to obtain redress for stigma
3 and discrimination.

4 (5) How does the ability to obtain such redress
5 affect the need of an individual with a substance use
6 disorder for privacy.

7 (6) The effects of disclosure, including lawful
8 and unlawful disclosures, of substance use disorder
9 treatment records on individuals with a substance
10 use disorder.

11 (7) How disclosures of substance use disorder
12 treatment records have been misused and how that
13 affects the need for privacy.

14 (8) How does nondisclosure of substance use
15 disorder treatment records to health care provider,
16 as allowed by certain Federal and State laws, affect
17 care received by and overall health outcomes of indi-
18 viduals with substance use disorder.

19 (9) What is the role technological capabilities
20 and interoperability in determining the extent to
21 which a patient who consents to sharing their sub-
22 stance use disorder medical record with treatment
23 providers under Federal and State laws requiring
24 patient consent for such sharing can share such
25 records.

1 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated to carry out this Act,
3 \$2,000,000 for the fiscal year 2019.

