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 TRAINING PROGRAMS FOR SUBSTANCE USE DISORDER PATIENT RECORDS.

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

(1) Model programs and materials for training health care providers (including physicians, emergency medical personnel, psychiatrists, psychologists, counselors, therapists, nurse practitioners, physician assistants, behavioral health facilities and clinics, care managers, and hospitals, including individuals such as general counsels or regulatory compliance staff who are responsible for establishing provider
privacy policies) concerning the permitted uses and disclosures, consistent with the standards and regulations governing the privacy and security of substance use disorder patient records promulgated by the Secretary under section 543 of the Public Health Service Act (42 U.S.C. 290dd–2) for the confidentiality of patient records.

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

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

(1) facilitate communication between substance use disorder treatment providers and other health care providers to promote and provide the best possible integrated care;

(2) avoid inappropriate prescribing that can lead to dangerous drug interactions, overdose, or relapse; and

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

(c) PERIODIC UPDATES.—The Secretary shall—
(1) periodically review and update the model program and materials identified or developed under subsection (a); and

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

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

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

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

(a) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall conduct or support a study that examines information sharing behaviors of individuals who obtain substance use disorder treatment through a Part 2 program.

(b) TOPICS.—The study pursuant to subsection (a) shall examine the extent to which patients at Part 2 programs agree to share their information, including the following:
(1) Patient understanding regarding their rights to protect and obtain information under Part 2.

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

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

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

(5) If patients have shared their Part 2 treatment information—

   (A) at what point in the treatment relationship with the Part 2 program did the patients choose to do so; and

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

(6) What considerations were taken into account by the patient when deciding whether or not and with whom to share their Part 2 treatment information.

(7) How did having the choice to decide to what extent and with whom to share Part 2 treatment records affect patients’ decision to uptake or remain in treatment.
(8) Would not having a choice to decide the extent to which to share their treatment records from Part 2 programs affect a patient’s decision to participate or stay in treatment.

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

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

(2) consider patients of Part 2 programs being treated for various substance use disorders, including opioid use disorder and alcohol use disorder.

(d) REPORT.—Not later than 2 years after the date of enactment of this Act, the Secretary shall submit a report to the Congress on the results of the study under subsection (a).

(e) DEFINITIONS.—In this section:

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

(2) The term “Part 2” means the program under section 543 of the Public Health Service Act (42 U.S.C. 290dd–2).
SEC. 4. REPORT ON ROLE OF PRIVACY IN SUBSTANCE USE DISORDER TREATMENT.

(a) In General.—The Secretary of Health and Human Services shall enter into an agreement with the National Academies of Sciences, Engineering, and Medicine to review the role of privacy in substance use disorder treatment.

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

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

(2) The extent of privacy protective practices deployed by patients receiving treatment for substance use disorder, causes of such behavior, and effects of such behaviors on their treatment outcomes.

(3) How does discrimination and stigma faced by individuals with substance use disorder affect the need for privacy. Are there certain subgroups of individuals with substance use disorder who are more are less likely to need or desire more control to determine the extent their substance use disorder treatment records are shared.
(4) What is the experience of individuals with substance use disorders to obtain redress for stigma and discrimination.

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

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

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

(8) How does nondisclosure of substance use disorder treatment records to health care provider, as allowed by certain Federal and State laws, affect care received by and overall health outcomes of individuals with substance use disorder.

(9) What is the role technological capabilities and interoperability in determining the extent to which a patient who consents to sharing their substance use disorder medical record with treatment providers under Federal and State laws requiring patient consent for such sharing can share such records.
(c) Authorization of Appropriations.—There is authorized to be appropriated to carry out this Act, $2,000,000 for the fiscal year 2019.