



May 6, 2016

The Honorable Paul Ryan, Speaker
U.S. House of Representatives
H-232, The Capitol
Washington, DC 20515

The Honorable Kevin McCarthy, Majority Leader U.S. House of Representatives H-107, The Capitol Washington, DC 20515	The Honorable Nancy Pelosi, Democratic Leader U.S. House of Representatives H-204, The Capitol Washington, DC 20515
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The Honorable Steve Scalise, Majority Whip U.S. House of Representatives 2338 Rayburn House Office Building Washington, DC 20515	The Honorable Steny Hoyer, Democratic Whip U.S. House of Representatives 1705 Longworth House Office Building Washington, DC 20515
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Dear Speaker Ryan, Representative McCarthy, Representative Pelosi, Representative Scalise, and Representative Hoyer:

As part of any final opioid legislation, the Health Care Transformation Task Force (“Task Force”)¹ urges the House of Representatives to amend the privacy laws (implemented at 42.C.F.R. Part 2) to allow certain stakeholders access to a patient’s entire medical record, including substance use disorder-related information, in order to promote effective valued-based care.

The referenced federal regulations (promulgated under the authority of the Substance Abuse and Mental Health Services Administration) limit access to drug and alcohol treatment and prevention records due to privacy and confidentiality concerns. While supportive of this public

¹ The Task Force is a consortium of private sector stakeholders committed to accelerating the pace of delivery system transformation. Representing a diverse set of organizations from various segments of the industry—including patients/consumers, purchasers/employers, providers, and payers—Task Force members share a common commitment to transform their respective business and clinical models to deliver the triple aim of better health, better care, and reduced costs. Our members aspire to put 75 percent of their business arrangements into value-based payment models, focusing on the Triple Aim goals, by 2020.

policy goal, the Task Force believes there are times when such records should be made available to treating providers to ensure that such patients receive high quality health care services and to avoid potential mistakes that may cause patient harm emanating from a lack of access to pertinent information.

The Medicare program has implemented several new care delivery and payment models that are helping transform health care delivery to focus on payments that are value-based and promote Triple Aim outcomes of high quality care at lower cost for better population health. Under several of these innovative payment models, the Centers for Medicare & Medicaid Services provides participating providers with monthly data feeds of Medicare Parts A, B, & D claims information for their attributed beneficiaries that is critical to patient treatment plans as well as monitoring financial expenditures, utilization, and quality metrics to better coordinate health care services.

Currently, these monthly CMS data feeds exclude *all* claims where a substance use disorder is a primary or secondary diagnosis. Without access to this information, providers are stymied from treating the whole person and may unknowingly endanger a patient if a course of treatment proves risky in light of unknown ongoing addiction treatment or substance abuse counseling. The Task Force believes CMS should be directed to include substance abuse information not only in their Medicare data feeds, but also those available under the Medicaid and SCHIP programs.

The Task Force urges Congress to include in pending opioid legislation the opportunity for health care providers and payers to access substance use disorder data from Medicare, Medicaid and SCHIP data files to inform their treatment plans. With the growing level of addiction being experienced across the country, the current privacy protections may actually lead to harmful outcomes due to the lack of information available to care givers responsible for managing patient care. Having this information helps health care providers identify high risk patients and intervene before an acute episode occurs.

In summary, the Task Force urges Congress to ensure that the Medicare, Medicaid and SCHIP data feeds sent to providers include all claims, including those where a substance use disorder is listed as a primary or secondary diagnosis.

Sincerely,

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