

Statement Opposing the Overdose Prevention and Patient Safety Act (<u>HR 3545</u>) August 18, 2017

We are Faces & Voices of Recovery, the nation's leading recovery advocacy organization since 2001. We aim to reduce the discrimination that keeps people from seeking recovery or moving on to better lives once they achieve it; and we support recovery-oriented policies and programs. We represent the voice of the over 23 million Americans in long-term recovery from alcohol and other drug addiction, and their families.

As an organized voice protecting the rights of individuals with substance use disorders, we are adamantly opposed to the dismantling of our critically important 42 CFR Part 2 confidentiality protections and we are opposed to the dismantling of the existing Public Health Law- which authorizes 42 CFR Part 2.

We are opposed to the Overdose Prevention and Patient Safety Act (<u>HR 3545</u>) and the exceptions it would make to the current public health law related to confidentiality of our health information. We do not want our information shared for purposes of treatment, payment, health care operations or for any other purpose beyond current rule without our express written consent.

Many of us have made it clear that we would not have gone to treatment or accepted services if we thought that our information would have been shared with other entities without our permission. We would not have put our careers, reputation or families at risk of stigma and discrimination if we were not assured that information about our substance use disorder was safe and would only be shared with our consent.

"When I went to get help for my substance use condition, the first question I asked the counselor was what was going to happen with the information I needed to share. I was thinking of walking out if my information was shared without my consent. I was assured that there were very strong confidentiality standards in place to protect me and that legally I needed to consent to what information was shared and to whom it was shared with. This <u>proposed legislation</u> eliminates those protections and will place people like me at risk for discrimination while at the same time making us afraid to seek help."

-Bill Stauffer Person in long term recovery Pennsylvania



Passage of <u>HR 3545</u> would place thousands of Americans in the untenable position to be discriminated against if they decide to seek help for a substance use condition. Furthermore, it would subject people in recovery to the arbitrary scrutiny of those who see substance use as a moral failing rather than a medical condition.

The assertion that 42 CFR Part 2 is a barrier to care is patently false. 42 CFR Part 2 simply requires that a patient decide if they want to share their personal information with another party. That's all it does. It is not a barrier, because it includes the patient in determining what risk the patient is willing to assume when their personal information is being shared with others. 42 CFR Part 2 as it stands today is a key element of integrated care in the most fundamental way. It upholds the autonomy and dignity of the patient by allowing the person with the substance

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use condition to decide who gets to get their information. We cannot integrate care by excluding the patient from the ability to make choices about what happens to their information. This is paternalistic and misguided.

Shared decision-making and whole person care require the participation of the patient. A system that denies patient autonomy and dignity will discourage people from seeking help for a substance use condition. An integrated, recovery-oriented system of care would not seek to keep persons with substance use conditions from being a partner in their own care. The dismantling of 42 CFR Part 2 is the antithesis of the principle of patient-centered, integrated care, and is largely being pursued by groups who hold their own business interests ahead of the rights and interests of our community.

It is important to note that HIPAA provides very little protections specific to SUD records, which places our community at risk for severe discrimination in areas such as housing, employment, insurance benefits, educational opportunities and governmental benefits. Allowing information to flow without the protections afforded under 42 CFR Part II will create new risks for the improper use of our personal information.

As H. Westley Clark, MD, Executive Professor of Public Health at Santa Clara University, noted recently, "Once it becomes clear to all that substance use disorder treatment records could, under HIPAA's health care operations exemption, be disclosed for administrative things like business planning, customer service, and training of non-health care professionals, there will be even less enthusiasm for medically oriented treatment."

Beyond the significant harm that this proposed legislation would do in our communities, it is entirely unnecessary.

It is deeply disturbing to us that groups who ostensibly support recovery and patient autonomy are supporting the elimination of these rights for our community. Others appear to be signing on for financial gain or convenience.

While it is true that there are many parallels between substance use conditions and other medical conditions, by its very nature, substance use conditions may involve use of illicit substances which is an illegal activity. The recognition of this fact led to the very protections that this bill seeks to dismantle. These protections are as critical as they were 40 years ago and must be maintained to ensure that individuals and families will seek help.

At a time when the opioid overdose crisis claims 144 lives every day, barriers to achieving a life free from the pernicious effects of harmful drug use must not be erected. Barriers to recovery hurt not only the individual, but that individual's family, community and the larger society as well.

HR 3545 is such a barrier and should not be enacted into law.

Sincerely,

Faces & Voices of Recovery Association of Recovery Community Organizations

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