



**FOR IMMEDIATE RELEASE:**

January 7, 2015

**FOR MORE INFORMATION:**

Jeff Van Ness, (202) 204-7515

**REPORT: OUTDATED PRIVACY REGULATIONS MAY HINDER CARE COORDINATION  
FOR PEOPLE WITH SUBSTANCE USE DISORDER**

WASHINGTON— A new report issued today by the Association for Community Affiliated Plans (ACAP) examines how Federal regulations interact with health plan efforts to coordinate care for their members with substance use disorder, or SUD. The issue of SUD has taken on acute interest among health care leaders, policymakers and the public as the number of deaths and hospitalizations arising from the misuse and abuse of opioid painkillers has skyrocketed in recent years.

Among the Federal regulations relevant to health plans seeking to deliver coordinated care to their members are those found in Title 42, Part 2 of the Code of Federal Regulations (42 CFR Part 2, or “Part 2”). These regulations are intended to safeguard the confidentiality of patient records concerning alcohol and substance abuse treatment records.

The report finds that owing in part to these regulations, SUD treatment programs operate in silos; the integration of SUD services with mental and physical health care is impeded owing to the restrictions on the disclosure of SUD information, which interfere with care coordination between a provider and a health plan.

“ACAP-member Safety Net Health Plans fully support efforts to safeguard patient privacy,” said ACAP CEO Margaret A. Murray, “but our plans’ experience finds that these regulations are in some ways impeding patient care by segregating SUD records from the rest of the health care system. This leads to worse health outcomes—and, ironically, may exacerbate the very stigma for people receiving treatment for SUD that the regulations intended to prevent.”

Part 2 regulations were written in the 1970s and have remained largely unchanged since then even as the way health care is delivered and paid for has changed dramatically. A primary care doctor, for instance, who sees a patient receiving medication-assisted treatment for a substance addiction is unlikely to know the patient is receiving such treatment unless the patient volunteers the information or signs a consent form releasing the information to third parties. This could lead to avoidable poor health outcomes such as adverse drug interactions. The patient privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA), in contrast, allow for information sharing for the purposes of care coordination while at the same time maintaining strong privacy safeguards.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is expected in the near future to update the Part 2 regulations. “We look forward to reviewing these updates and providing comment to SAMHSA,” added Murray. “Any improvements we can make that will help us to better integrate care and maintain privacy at the same time will be very welcome developments.”



The report was developed with support from a grant from the Open Society Foundations. To read it in full, visit [www.communityplans.net](http://www.communityplans.net).

**About ACAP**

ACAP represents 60 nonprofit Safety Net Health Plans in 24 states, which collectively serve more than fifteen million people enrolled in Medicaid, Medicare, the Children’s Health Insurance Program (CHIP), and other health programs. For more information, visit [www.communityplans.net](http://www.communityplans.net).

###