

AMENDMENT TO RULES COMMITTEE

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Strike page 1, line 4, through page 8, line 20.

Strike page 11, line 8, through page 12, line 9.

Page 8, line 21, through page 11, line 7, promote subsection (k) to become a section which reads as follows:

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,

1 care managers, and hospitals, including individuals
2 such as general counsels or regulatory compliance
3 staff who are responsible for establishing provider
4 privacy policies) concerning the permitted uses and
5 disclosures, consistent with the standards and regu-
6 lations governing the privacy and security of sub-
7 stance use disorder patient records promulgated by
8 the Secretary under section 543 of the Public
9 Health Service Act (42 U.S.C. 290dd–2) for the
10 confidentiality of patient records.

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

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

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

23 (2) avoid inappropriate prescribing that can
24 lead to dangerous drug interactions, overdose, or re-
25 lapse; and

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

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

4 (1) periodically review and update the model
5 program and materials identified or developed under
6 subsection (a); and

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

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

14 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated to carry out this section
16 \$2,000,000 for each of fiscal years 2019 through 2023.

At the end, insert the following new section:

17 **SEC. 3. REPORT ON PATIENT EXPERIENCE WITH PART 2;**
18 **REPORT ON ROLE OF PRIVACY IN SUB-**
19 **STANCE USE DISORDER TREATMENT.**

20 (a) REPORT ON PATIENT EXPERIENCE WITH PART
21 2.—

22 (1) IN GENERAL.—The Secretary of Health and
23 Human Services (in this section referred to as the
24 “Secretary”) shall conduct or support a study that

1 examines information sharing behaviors of individ-
2 uals who obtain substance use disorder treatment
3 through a Part 2 program.

4 (2) TOPICS.—The study pursuant to paragraph
5 (1) shall examine the extent to which patients at
6 Part 2 programs agree to share their information,
7 including the following:

8 (A) Patient understanding regarding their
9 rights to protect and obtain information under
10 Part 2.

11 (B) Concerns or feelings patients have
12 about sharing their Part 2 treatment records
13 with other health care providers and organiza-
14 tions.

15 (C) Whether or not patients agree to share
16 their Part 2 medical records.

17 (D) The extent of providers with which pa-
18 tients agree to share their Part 2 treatment
19 records.

20 (E) If patients have shared their Part 2
21 treatment information—

22 (i) at what point in the treatment re-
23 lationship with the Part 2 program did the
24 patients choose to do so; and

1 (ii) what prompted the patients to
2 share the information.

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

7 (G) How did having the choice to decide to
8 what extent and with whom to share Part 2
9 treatment records affect patients' decision to
10 uptake or remain in treatment.

11 (H) Would not having a choice to decide
12 the extent to which to share their treatment
13 records from Part 2 programs affect a patient's
14 decision to participate or stay in treatment.

15 (3) SCOPE.—The study under paragraph (1)
16 shall—

17 (A) include a nationally representative
18 sample of individuals obtaining treatment at
19 Part 2 programs; and

20 (B) consider patients of Part 2 programs
21 being treated for various substance use dis-
22 orders, including opioid use disorder and alco-
23 hol use disorder.

24 (4) REPORT.—Not later than 2 years after the
25 date of enactment of this Act, the Secretary shall

1 submit a report to the Congress on the results of the
2 study under paragraph (1).

3 (5) DEFINITIONS.—In this subsection:

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

7 (B) The term “Part 2” means the pro-
8 gram under section 543 of the Public Health
9 Service Act (42 U.S.C. 290dd–2).

10 (b) REPORT ON ROLE OF PRIVACY IN SUBSTANCE
11 USE DISORDER TREATMENT.—

12 (1) IN GENERAL.—The Secretary shall enter
13 into an agreement with the National Academies of
14 Sciences, Engineering, and Medicine to review the
15 role of privacy in substance use disorder treatment.

16 (2) CONTENTS.—The report under paragraph
17 (1) shall address each of the following:

18 (A) How do patient perceptions and expe-
19 riences with privacy of health care information
20 affect their uptake of treatment for substance
21 use disorders, such as opioid use disorder and
22 alcohol use disorder.

23 (B) The extent of privacy protective prac-
24 tices deployed by patients receiving treatment
25 for substance use disorder, causes of such be-

1 havior, and effects of such behaviors on their
2 treatment outcomes.

3 (C) How does discrimination and stigma
4 faced by individuals with substance use disorder
5 affect the need for privacy. Are there certain
6 subgroups of individuals with substance use dis-
7 order who are more are less likely to need or
8 desire more control to determine the extent
9 their substance use disorder treatment records
10 are shared.

11 (D) What is the experience of individuals
12 with substance use disorders to obtain redress
13 for stigma and discrimination.

14 (E) How does the ability to obtain such re-
15 dress affect the need of an individual with a
16 substance use disorder for privacy.

17 (F) The effects of disclosure, including
18 lawful and unlawful disclosures, of substance
19 use disorder treatment records on individuals
20 with a substance use disorder.

21 (G) How disclosures of substance use dis-
22 order treatment records have been misused and
23 how that affects the need for privacy.

24 (H) How does nondisclosure of substance
25 use disorder treatment records to health care

1 provider, as allowed by certain Federal and
2 State laws, affect care received by and overall
3 health outcomes of individuals with substance
4 use disorder.

5 (I) What is the role technological capabili-
6 ties and interoperability in determining the ex-
7 tent to which a patient who consents to sharing
8 their substance use disorder medical record
9 with treatment providers under Federal and
10 State laws requiring patient consent for such
11 sharing can share such records.

12 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
13 authorized to be appropriated to carry out this section
14 \$2,000,000 for fiscal year 2019.

