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April 11, 2016

Substance Abuse and Mental Health Services Administration
Department of Health and Human Services
Attn: SAMHSA-4162-20
5600 Fishers Lane
Room 13N02B
Rockville, MD 20852

RE: SAMHSA-4162-20: Confidentiality of Substance Use Disorder Patient Records

To Whom It May Concern:

The Pew Charitable Trusts is pleased to offer comments to the Substance Abuse and Mental Health Services Administration (SAMHSA) on the proposed rule addressing changes to the Confidentiality of Alcohol and Drug Abuse Records. Pew is an independent, nonpartisan research and policy organization dedicated to serving the public. Our work to address substance use disorders focuses on developing and supporting policies that 1) reduce the inappropriate use of prescription drugs while ensuring that patients have access to effective pain management and 2) expand access to effective treatment for substance use disorders through increased use of medication-assisted treatment.

Pew supports the intent of revising 42 CFR Part 2, Confidentiality of Alcohol and Drug Abuse Records to address new models of healthcare while preserving the purpose of the regulations to protect confidentiality of the identity, diagnosis, prognosis, or treatment of patients by facilities receiving federal assistance. According to data from the 2014 National Survey on Drug Use and Health, approximately 22.5 million people in the United States were in need of treatment for a substance use disorder.ⁱ However, only one percent of these individuals received any form of treatment and another 1.6 percent received care at a specialty facility. Although the need is clear, adequate treatment remains elusive for most patients. The primary barriers include lack of adequate insurance coverage, the high cost of treatment, lack of access to information about services, no treatment program openings, and inconvenient timing or location of treatment.

By increasing information exchange among healthcare providers, the proposed changes to 42 CFR Part 2 can play an important role in improving treatment for patients with substance use disorders. These patients frequently have other medical conditions, including cardiovascular disease, stroke, cancer, and mental disorders.ⁱⁱ It has been estimated that 39 percent of adults with a substance use disorder also had a mental illness.ⁱⁱⁱ This prevalence of comorbidity highlights the need for providers to share information that can improve coordination of medical and behavioral healthcare services. **Further, we support changes proposed to Section III.L that would permit data disclosure to qualified personnel for the purpose of conducting research.** There is already good evidence that medication-assisted treatment, which pairs medications approved by the Food and Drug Administration with behavioral therapy, is effective in treating dependence on alcohol, prescription opioids, and heroin. By removing existing restrictions, the revised regulations would facilitate research to evaluate and identify the most effective treatment models. In addition, proposed changes that support linkages to

other data sets would further increase the extent and quality of data available to assess treatment approaches and patient outcomes. Collectively, these changes will allow researchers to better explore areas that include drug therapy selection based on patient characteristics, the optimal duration of therapy, and the cost effectiveness of treatment.

Finally, **we commend SAMHSA for proposing terminology changes in the title and throughout the regulation that would substitute the term “substance use disorder” for “drug abuse” and “alcohol abuse.”** This change reflects increased recognition of substance use disorder as a disease as evidenced by its inclusion in the *Diagnostic and Statistical Manual of Mental Disorders: IV*. It also serves to reduce stigma associated with the disease, which is consistent with the overall intent of this regulation to ensure that patients are not made vulnerable to repercussions because of the decision to seek treatment.

Thank you for the opportunity to comment on the proposed rule on changes to 42 CFR Part 2. Should you have any questions or if we can be of assistance with your work, please contact me by phone at 202-540-6916 or via email at creilly@pewtrusts.org.

Sincerely,



Cynthia Reilly, B.S. Pharm.
The Pew Charitable Trusts

ⁱⁱ Substance Abuse and Mental Health Services Administration (SAMHSA). Receipt of Services for Behavioral Health Problems: Results from the 2014 National Survey on Drug Use and Health. Available at <http://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FRR3-2014/NSDUH-DR-FRR3-2014/NSDUH-DR-FRR3-2014.htm#fig15>

ⁱⁱ National Institute on Drug Abuse. Drugs, Brains, and Behavior: The Science of Addiction. Available at <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/addiction-health>

ⁱⁱⁱ SAMHSA. Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health. Available at <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>