



May 8, 2018

The Honorable Greg Walden
Chairman
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Michael Burgess
Chairman
Committee on Energy and Commerce
Subcommittee on Health
2125 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Gene Green
Ranking Member
Committee on Energy and Commerce
Subcommittee on Health
2125 Rayburn House Office Building
Washington, D.C. 20515

Dear Chairmen and Ranking Members,

We applaud the committee's leadership on the issue of tackling the current opioid crisis and wish to provide feedback to help inform future legislative and regulatory changes in this area. As the largest association of ACOs, NAACOS represents more than 5 million beneficiary lives through more than 300 Medicare Shared Savings Program (MSSP), Next Generation, and commercial ACOs. NAACOS and its members care deeply about this issue and ACOs are committed to addressing the opioid epidemic. NAACOS is an ACO member-led and member-owned non-profit organization that works on behalf of ACOs across the nation to improve the quality of Medicare delivery, population health and outcomes, and health care cost efficiency. Currently, there are certain limitations which impede ACOs' ability to combat the opioid crisis due to existing data limitations.

The federal regulations governing the confidentiality of drug and alcohol treatment and prevention records, Part 2, set requirements limiting the use and disclosure of patients' substance use records from certain substance use treatment programs. Obtaining multiple consents from the patient is challenging and creates barriers to whole-person, integrated approaches to care, which are critical to an ACO's work. For example, Part 2 regulations may lead to a doctor treating a patient and writing prescriptions for opioid pain medication for that individual without knowing the person has a substance use disorder. Separation of a patient's addiction record from the rest of that person's medical record creates several problems and hinders patients from receiving safe, effective, high quality substance use treatment and coordinated care. The Substance Abuse and Mental Health Services Administration (SAMHSA) recently released a final rule and FAQs which takes certain steps to modernize Part 2, but it does not go far enough to provide ACOs and other integrated systems with access to the data they need to provide highly coordinated care. Legislative action is also necessary in order to modify Part 2 and bring substance use records into the 21st Century.

Therefore, we ask that the committee support legislation to align Part 2 with Health Insurance Portability and Accountability Act (HIPAA's) consent requirements for the purposes of Treatment, Payment and

Operations (TPO), which will allow for the appropriate sharing of substance use disorder records to ensure persons with opioid use disorder and other substance use disorders receive the integrated care they need while still maintaining important privacy protections for these patients' records, as it is critical patients with substance use disorders to be made vulnerable as a result of seeking treatment for addiction.

As a member of the Partnership to Amend 42 CFR Part 2 (the Partnership) we specifically ask that you support the Overdose Prevention and Patient Safety (OPPS) Act, H.R. 3545, to align 42 CFR Part 2 (Part 2) with the HIPAA for the purposes of health care TPO. The Partnership is a coalition of over 30 health care stakeholder organizations committed to aligning Part 2 with HIPAA to allow appropriate access to patient information that is essential for providing whole-person care.

In addition to revising Part 2, we request that Congress take action to encourage, or require if necessary, that CMS provide more timely, actionable data to healthcare providers in ACOs. This would enable ACO providers to work closely with beneficiaries to effectively manage chronic conditions or prevent health conditions from worsening, which would be particularly beneficial to those with opioid dependency. Many ACOs are successful because of their focus on care coordination for chronic conditions, emphasis on providing the right care in the right setting, and preventing avoidable and costly complications or hospital readmissions. However, to effectively manage a beneficiary's health, ACOs need more timely and in-depth data. CMS provides some data, but it is delayed by weeks or months and is therefore not always actionable. The data available in the HIPAA (Health Insurance Portability and Accountability Act) Eligibility Transaction System (HETS) is very meaningful and should be provided in real time to ACOs for their beneficiaries. This would allow ACO providers to communicate with treating providers at the hospital and to work with the beneficiary upon his or her release to ensure optimal treatment, medication adherence and follow up care. We urge Congress to have CMS develop a mechanism to share more robust health data, including that from HETS, with ACOs in real time to enhance care coordination, improve outcomes and reduce costs.

In closing, we urge the committee to support legislation which would provide the access to this critical data ACOs and other integrated systems need to provide the appropriate care for patients. We look forward to continuing to work with the committee and would be happy to provide additional information regarding the work ACOs are currently doing to combat opioid abuse.

Sincerely,



Clif Gaus
President & CEO
National Association of ACOs