Addiction professionals remain committed to ensuring the privacy of individuals living with substance use disorders (SUDs). Unfortunately, stigma surrounding addiction still exists and it is critical that our privacy laws protect those seeking treatment. NAADAC, the Association for Addiction Professionals believes that efforts to amend confidentiality laws must be carefully crafted to avoid any unintended consequences for those seeking SUD treatment or the addiction professionals and treatment and recovery support agencies that serve them.

Passage of the SUPPORT for Patients and Communities Act (P.L. 115-271) in the 115th Congress represented a landmark response to the opioid crisis, advancing treatment and recovery initiatives, improving prevention efforts, and bolstering research. The new law also took steps to better coordinate care for individuals with substance use disorders by directing the Department of Health and Human Services (HHS) to:

- Evaluate appropriate circumstances in which patient SUD history should be displayed in medical records;
- Identify how a patient may issue a formal request to include his/her SUD history in records and what constitutes such a request;
- Consider the benefits of displaying SUD information in the same way that other potentially life-threatening information, like drug allergies or contraindications, appear; and
- Assess the importance of patient privacy and consent requirements for SUD history disclosure.

This section of the bill, known as Jessie’s Law, represents a responsible approach to delivering care to patients with a history of SUD while preserving patient confidentiality.

During the broader debate, however, many sought to advance a full overhaul of privacy protections for substance use treatment records by advocating for a bill known as the Overdose Prevention and Patient Safety Act. The bill sought to align regulations governing the confidentiality of SUD treatment records (42 CFR Part 2, or “Part 2”) with HIPAA standards. NAADAC maintains strong concerns about this approach, as HIPAA does not require patient consent to share medical records for the purposes of securing healthcare treatment or payment. The bill ultimately was not adopted in the final bipartisan package that became law, but efforts to pass the bill in 116th Congress are expected.

NAADAC remains concerned that efforts to weaken protections for individuals with SUD treatment and recovery history will discourage individuals from seeking SUD treatment due to the perceived risks associated with exposing patient records and other sensitive information. We ask for support to allow HHS to fulfill its mandate in the SUPPORT for Patients and Communities Act while maintaining the privacy protections of individuals living with SUD. Please reject efforts to advance legislation that seeks to align 42 CFR Part 2, or “Part 2” with HIPAA standards.

*NAADAC, the Association for Addiction Professionals, represents the professional interests of more than 100,000 addiction counselors, educators and other addiction-focused health care professionals in the United States, Canada and abroad. For more information, please visit [www.naadac.org](http://www.naadac.org).*