Whereas, Privacy rules are established in the “Health Information Protection and Accountability
Act” (HIPAA, 1996). These rules protect personal health information, setting conditions on
disclosures and allowing patient information to be shared to coordinate care without obtaining
additional consents; and

Whereas, Confidentiality regulations were established in 1972 in the “Confidentiality of Alcohol
and Drug Abuse Patient Records Act” (42 CFR Part 2). These regulations are applied to the
disclosure and re-disclosure of patient information. Part 2, (not HIPAA), prohibits sharing of
information that could identify a patient seeking treatment for a substance related disorder; and

Whereas, Because of Part 2, treatment records for substance related disorders are separated
from a patient’s medical record, acting as a life-threatening barrier preventing medical providers
from having access to their patients’ full medical histories, limiting integration, hindering
coordination and resulting in less robust, whole person, safe, and optimally effective care; and

Whereas, The opioid epidemic (among other substance related disorders) which has resulted in
excess mortality in every community across the country, and costs in the billions of dollars
annually, may indicate that these protections have failed to reduce reluctance to enter
treatment; and

Whereas, It is not clear nearly 50 years later, that Part 2 confidentiality is a concern preventing
individuals from seeking treatment for their addictions, or that patients considering treatment,
care more about confidentiality than coordination of care; therefore be it

RESOLVED, That our American Medical Association study whether the confidentiality
protections of 42 CFR Part 2 outweigh the potential benefits of coordinating care with HIPAA
privacy protections in the treatment of substance related disorders. (Directive to Take Action)

Fiscal Note: Not yet determined

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