

MOTION TO RECOMMIT H.R. 6082

M____. _____ moves to recommit the bill H.R. 6082 to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

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-

1 agency medical personnel, psychiatrists, psychologists,
2 counselors, therapists, nurse practitioners, physician
3 assistants, behavioral health facilities and clinics,
4 care managers, and hospitals, including individuals
5 such as general counsels or regulatory compliance
6 staff who are responsible for establishing provider
7 privacy policies) concerning the permitted uses and
8 disclosures, consistent with the standards and regu-
9 lations governing the privacy and security of sub-
10 stance use disorder patient records promulgated by
11 the Secretary under section 543 of the Public
12 Health Service Act (42 U.S.C. 290dd-2) for the
13 confidentiality of patient records.

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

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

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

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

4 (3) notify and involve families and caregivers
5 when individuals experience an overdose.

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

7 (1) periodically review and update the model
8 program and materials identified or developed under
9 subsection (a); and

10 (2) disseminate such updated programs and
11 materials to the individuals described in subsection
12 (a)(1).

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

At the end, insert the following new section:

17 **SEC. 3. REPORT ON PATIENT EXPERIENCE WITH PART 2.**

18 (a) REPORT.—The Secretary of Health and Human
19 Services (in this section referred to as the “Secretary”)
20 shall conduct or support a study that examines informa-
21 tion sharing behaviors of individuals who obtain substance
22 use disorder treatment through a Part 2 program.

23 (b) TOPICS.—The study pursuant to subsection (a)
24 shall examine the extent to which patients at Part 2 pro-

1 grams agree to share their information, including the fol-
2 lowing:

3 (1) Patient understanding regarding their
4 rights to protect and obtain information under Part
5 2.

6 (2) Concerns or feelings patients have about
7 sharing their Part 2 treatment records with other
8 health care providers and organizations.

9 (3) Whether or not patients agree to share their
10 Part 2 medical records.

11 (4) The extent of providers with which patients
12 agree to share their Part 2 treatment records.

13 (5) If patients have shared their Part 2 treat-
14 ment information—

15 (A) at what point in the treatment rela-
16 tionship with the Part 2 program did the pa-
17 tients choose to do so; and

18 (B) what prompted the patients to share
19 the information.

20 (6) What considerations were taken into ac-
21 count by the patient when deciding whether or not
22 and with whom to share their Part 2 treatment in-
23 formation.

24 (7) How did having the choice to decide to what
25 extent and with whom to share Part 2 treatment

1 records affect patients' decision to uptake or remain
2 in treatment.

3 (8) Would not having a choice to decide the ex-
4 tent to which to share their treatment records from
5 Part 2 programs affect a patient's decision to par-
6 ticipate or stay in treatment.

7 (c) SCOPE.—The study under subsection (a) shall—

8 (1) include a nationally representative sample of
9 individuals obtaining treatment at Part 2 programs;
10 and

11 (2) consider patients of Part 2 programs being
12 treated for various substance use disorders, includ-
13 ing opioid use disorder and alcohol use disorder.

14 (d) REPORT.—Not later than 2 years after the date
15 of enactment of this Act, the Secretary shall submit a re-
16 port to the Congress on the results of the study under
17 subsection (a).

18 (e) DEFINITIONS.—In this section:

19 (1) The term “Part 2 program” means a pro-
20 gram described in section 543 of the Public Health
21 Service Act (42 U.S.C. 290dd–2).

22 (2) The term “Part 2” means the program
23 under section 543 of the Public Health Service Act
24 (42 U.S.C. 290dd–2).

