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## Education | Advocacy | Collaboration

### Hill Day

As you may have already heard, this year's Hill Day in Washington, D.C. has been moved from an in-person meeting to a virtual Hill Day meeting and webinar to be held on Tuesday, March 24. Social isolation procedures have not slowed NvHIMA's efforts in progressing our work with our nation's leaders. Your committee members are still engaging via phone calls and emails with state and federal legislators in regard to our industry's concerns and policy recommendations.

### ***Let your voice be heard***

You will find a list of the issues we are currently working on. You will find simple forms explaining the issues with easy to fill out information cards and pre-written letters to your senators and congressional representatives.

<http://cqrcengage.com/ahima/home?0>

### UNIQUE PATIENT IDENTIFIER

We have made great progress in our effort to implement a unique patient identifier number. In June, the House of Representatives moved to support the removal of language in the omnibus budget appropriations bill that currently bans funding to the Department of Health and Human Services to work with private entities to explore and formulate a unique PIN. The Senate however, declined to remove the language but did direct the ONC to coordinate with other appropriate federal agencies to assess the current technological and operational methods used to improve patient identification and provide Congress with a report on those efforts within one year.

### SUBSTANCE ABUSE DISORDER TREATMENT RECORDS AND IMPROVE CARE COORDINATION.

NvHIMA signed a partnership letter supporting the Protecting Jessica Grubb's Legacy Act. This bill is in favor of aligning 42 CFR Part 2, which governs the use and disclosure of substance disorder information, with HIPAA for the purposes of treatment, payment and healthcare operations.

Opioid misuse, abuse and overdose have reached epidemic proportions in the US and have created a crisis in healthcare for patients, families and the entire country. Unfortunately, a more than 40-year-old law around substance use disorder privacy records stands in the way of the effort to stem the tide of opioid misuse and preventing related adverse events. 42 CFR Part 2 (Part 2), established requirements limiting the use and disclosure of patients' substance use records from certain substance use treatment programs, and runs counter to new and innovative care delivery models that rely on clinicians' ability to share health information to effectively and safely coordinate high quality care.

You can also let your voice be heard by using the web address above to personally sign on in support of aligning 42 CFR Part 2 with HIPAA.