Nov. 16, 2022



#### Agenda

- 1. What is Act 33 and what does it do?
- 2. Who must comply?
- Rationale for the change: brief description of how we got to Act 33 from 4 Pa. Code § 255.5
- 4. What can be released with and without consent per 42 CFR Part 2?
- 5. Department of Drug and Alcohol Programs guidance on Act 33
- 6. Practical applications



- Act 33, signed in July 2022, amends Act 63 of 1972 and aligns Pennsylvania's SUD confidentiality requirements with federal law (i.e., 42 CFR Part 2).
- It essentially nullifies 4 Pa. Code § 255.5, which had been the standard for decades.
- Act 33 prohibits DDAP from issuing or enforcing a regulation that restricts disclosure of information permitted by Act 33.



#### Who Must Comply?

- An SUD program defined by federal regulations as an individual or entity, other than a general medical facility, that holds itself out as providing and provides SUD diagnosis, treatment, or referral for treatment.
- SUD programs that receive federal assistance.
- The scope of federal assistance as defined under 42
  CFR Part 2 is broad. See 42 CFR 2.12(b).



#### Rationale for the Change

- The commonwealth's previous regulations were developed in the 1970s when the SUD and healthcare landscapes looked very different.
- The previous approach limited access to information, even in cases where a client consented to sharing it.
- Alignment with 42 CFR Part 2 allows clients to more freely determine which entities may have access to their records.
- Access to SUD records may help protect people living with SUD from future overdoses and other poor health outcomes.
- This change allows for the expansion of person-centered care in a landscape of services for people living with SUD that is increasingly more integrated and collaborative.



Prior to Act 33, under 4 Pa. Code § 255.5, even with patient consent, information that could be released was limited to:

- 1. Whether the client is or is not in treatment.
- 2. The prognosis of the client.
- 3. The nature of the project.
- 4. A brief description of the progress of the client.
- A short statement as to whether the client has relapsed into drug, or alcohol abuse and the frequency of such relapse.



#### What can be disclosed?

#### General rule

All patient records are confidential. Nothing gets released without proper consent unless it falls into one of the following exceptions:

| With Valid Consent                    | Suspected Child Abuse and Neglect               |
|---------------------------------------|---|
| Medical Emergency                     | Non-Patient Identifying Information             |
| Research, Audit and Evaluation        | Crime on Premises                               |
| <b>Internal Program Communication</b> | <b>Qualified Service Organization Agreement</b> |
| <b>Good Cause Court Order</b>         |   |



#### DDAP's Guidance

- DDAP does not interpret or advise on federal regulation.
- DDAP audits will not include assessment of compliance with Act 33 or 42 CFR Part 2, only with 28 Pa Code § 709.28.
- Consult legal counsel for questions regarding disclosure or confidentiality.



#### **Practical Application**

- Referral process/working with other providers
- EHR/consent form considerations
- Organizational policy development



**Questions or discussion?** 

jsnyder@paproviders.org 717-963-3612

