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INDEPENDENT REGULATORY  
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President and Chief Executive Officer

**Abraham J. Twerski, M.D.**  
Founder and Medical Director Emeritus

January 11, 2008

Janice Staloski, Director  
Bureau of Community Program Licensure and Certification  
Department of Health  
132 Kline Plaza, Suite A  
Harrisburg, PA 17104

Dear Ms. Staloski,

I am writing in response to requests for comments on the Department of Health's Proposed Regulation No.10-186, regarding drug and alcohol patient confidentiality.

Working for a provider of drug and alcohol services as I do, there have been times when the restraints placed on the release of information about our patients by 4 PA Code, section 255.5 have seemed difficult. But these difficulties are outweighed by the value of the protections provided for our patients by the current law. Therefore, I believe that no change is the best course of action at this time. I don't have much to add to the case made by our provider organization (DASPOP), but I would like to underscore two of the arguments made there.

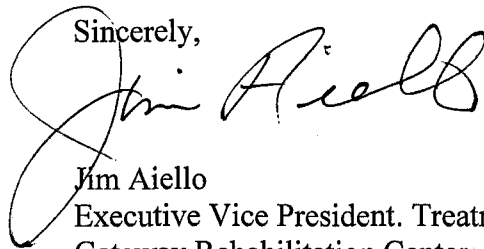
There is still a great stigma attached to the treatment of alcohol and drug addiction. In fact, it seems at times as though society has a greater tolerance for drug and alcohol use- and even abuse- than it does for people trying to get help for their addiction problems. The current state confidentiality law provides the greatest protection for our patients from the stigma attached to their treatment experience, and allows them to seek treatment knowing that their privacy will be protected. This removes a potentially serious obstacle for people seeking treatment in the first place.

In addition, the argument that we should be loosening up the rules so that we can provide more information to managed care companies so that they will give more treatment days is not a good one. The mandate of managed care is to control costs. So no amount of "extra" information given to them is going to increase the number of days they approve. A system that allows managed care representatives, who have never interviewed patients or families, to have the final say on whether someone's drug and alcohol treatment is "approved" is flawed from the start. The only way to deal with this is to try to strengthen and expand the approach taken by Act 106. This approach allows drug and alcohol

patients to have access to their benefits without passing through the gauntlet of managed care- which in itself can be a serious deterrent to treatment. In addition, some of the more enlightened insurance companies have moved away from aggressive care management, both in response to the letter and spirit of Act 106 and, in fact, because of the strict confidentiality law in Pennsylvania. I would hate to give up this beachhead, since any step back puts more of our patients at risk of not getting the help they so desperately need, to the detriment of themselves, their families and society in general.

So in the end, I come down on the side of no change in the current law. 4 PA Code, section 255.5 offers the best protection for our patients' privacy. This protection, then, acts as reassurance that they can seek and receive treatment without the fear that sensitive information will be indiscriminately released.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim Aiello". The signature is written in a cursive style with a large, looping initial "J".

Jim Aiello  
Executive Vice President, Treatment Programs  
Gateway Rehabilitation Center

Cc: Independent Regulatory Review Commission  
Representative Frank Oliver  
Representative George Kenney  
Senator Edwin Erickson  
Senator Vincent Hughes