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INDEPENDENT REGULATORY
REVIEW COMMISSION

January 2, 2008

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DEPARTMENT OF HEALTH

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OFFICE OF LEGAL COUNSEL

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JAN - 9 2008
BUREAU OF COMMUNITY PROGRAM LICENSURE AND CERTIFICATION

Janice A. Staloski
Bureau of Community Program Licensure and Certification
02 Kline Plaza, Suite A
Harrisburg, PA 17104

Dear Ms. Staloski:

I have received a copy of the proposed changes to the Confidentiality Regulations, 4 PA Code 255.5 that are currently in place in the state of Pennsylvania. As the Executive Director of the RASE Project I am charged with representing the anonymous voices of the Recovery Community. The Recovery Community (RC) is made up of hundreds of thousands of anonymous individuals and their families who are in recovery from the disease of addiction. The RASE Project, which stands for Recovery, Advocacy, Service, and Empowerment, serves central Pennsylvania and exists to provide a voice and body for the RC and to ultimately enhance the recovery process. I must say that we have commented repeatedly on the proposed changes to the existing regulations, each time listing the reasons why the changes are undesirable to the RC, and each time being ignored. We believe, as do many others, that the force behind these changes is primarily from entities whose businesses would profit financially from the changes. The RASE Project participated in the early meetings (circa 2001/2002) discussing changes to the regulations and at that time we polled our members asking them specifically how they felt, and came back to the meetings with a unanimous "*Keep them the way they are!*" response.

The members we polled were in varying stages of the recovery process; some were in long standing recovery of over twenty years, others were in mid stage recovery of five to nineteen years, and still others had less than a year of uninterrupted recovery. Notably, *not one* of them stated that it would be a good idea or have made things any easier for them if the regulations were changed. To the contrary, all those who had entered recovery via treatment stated unequivocally that having the confidentiality regulations in place was what made it possible for them to enter treatment without feeling threatened, and without fear of reprisals.

Prior to founding the RASE Project I worked as a clinician for over seventeen years in a number of different treatment programs. I have first hand knowledge of how the existing confidentiality regulations protect the client and enhance the possibility of a successful treatment experience. When I was able to assure my clients without hesitation that what they were going to discuss during evaluations or individual sessions was always going to be protected from others, they were able to fully open up to the treatment process. My

clients were able to safely unburden themselves of the awful secrets some had held onto since childhood. They were empowered to honestly disclose parts of their lives that they were ashamed of, or to discreetly recant illegal activities they had been involved in without being subject to disapproval or legal ramifications. Through cautious and painstaking exposure of the secrets that were poisoning them, they became capable of recovery. In so doing, these individuals were allowed to shed their transgressions and empty the twisted contents of their souls to make room for healing and forgiveness. There were times when family histories were so horrific that I marveled at the individuals' capacity to survive. I am sure that in the wrong hands such histories could be manipulated, misconstrued, or even used as evidence against the individuals disclosing them.

Of course, not all persons in recovery have been through such awful circumstances, but that is not the point. The point is that *it is essential for persons seeking treatment to be afforded a feeling of security and safety, or the treatment process cannot succeed.* Being addicted to alcohol and other drugs is a difficult enough obstacle to overcome, why would we want to make it any harder? Why would we want to expose more shame and degradation than is already apparent? A family history is not essential to diagnose a disease. A second opinion is not necessary for any other disease to be treated. So why is it necessary for an insurance company to have more information than is necessary with any other illness to approve treatment when a qualified individual is making the recommendation in the first place?

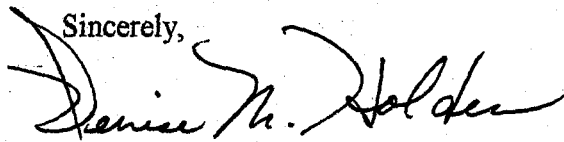
Substance use disorder is the nation's top health problem, causing more deaths, illness and disabilities than any other treatable health problem today. Of the more than 2 million deaths each year in the United States, about one in four is due to abuse of alcohol, or illicit drugs. Yet MCO's and HMO's use every opportunity to deny access to treatment. This is an undeniable fact. I know this because not only do I receive numerous reports each month from individuals and their families who have been denied access to treatment, but as a clinician I have spent countless hours on the phone with faceless voices that represent the MCOs and HMOs pleading with them for another day or two in treatment for the clients I had been working with only to be denied by those voices again and again. MCOs and HMOs are in the business of saving money for insurance companies. **They are not in business of helping people.** So when I hear the claim that it will be beneficial to the clients to release more information about them to the MCOs and HMOs I know in my heart that this is not true. Most professionals who treat alcohol and other drug addiction would agree with me. So why is it that we are even considering something that will be potentially damaging to the people being treated? Why is it that the entities that make it harder and harder to access treatment are the ones to benefit from this change?

It is so disheartening that we are even entertaining the idea of something so obviously contrived. As a clinician, I don't ever remember "*not releasing enough information*" to be able to provide client centered care. Nor do we know of how services to the clients could be improved by a broader release of information among agencies. We do see how sloppy disclosure of delicate, personal information could cause huge problems and

trauma to an already damaged population. We also see how, without the protection of the current confidentiality regulations, certain individuals could end up spending a great deal more time in prisons than in treatment. We can even predict blatant abuse of information by some entities which are currently denied access to such information.

We believe that changing the confidentiality regulations will cause a set back to an already over loaded and under-funded treatment industry. We strongly encourage the Bureau of Program Licensure and Certification and the IRRC to interface with actual treatment providers and persons in recovery, their families, and other loved ones to access their opinions on this. Please find out how this really impacts the treatment/recovery process and how it will inhibit vital and cathartic self-disclosure. The RASE Project received this information because of our involvement with the meetings, however, there are many professionals and members of the RC who have not and will not see it in time to comment on it. We strongly caution you to carefully investigate and review who, exactly, is pursuing these changes. If these regulations are changed as has been proposed, persons in, or seeking treatment will suffer. Aren't they the ones you should be concerned with?

Sincerely,

A handwritten signature in cursive script that reads "Denise M. Holden". The signature is written in black ink and is positioned above the typed name.

Denise M. Holden, MHS, CAC
Executive Director