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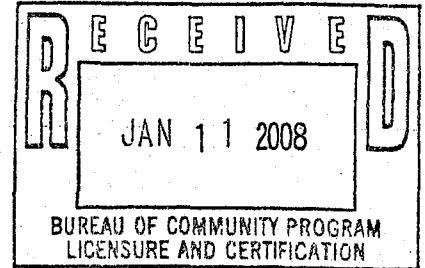
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INDEPENDENT REGULATORY
REVIEW COMMISSION

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



Dear Ms. Staloski;

Thank you for inviting comments on the proposed changes to the state confidentiality rule (4 PA Code § 255.5 (b)).

We are writing to **oppose** the changes on the basis that it increases the amount of information available to parties other than those who are directly involved in the treatment of individuals with addictions. We believe that the amount of data currently available to funding sources, probation/parole officials, and governmental officials is sufficient to determine admission eligibility. It must be taken into account that giving additional information to these sources may involve giving it to those who are neither medical nor clinical participants in the care of those in need of treatment. Furthermore, we believe these proposed changes may erode the potential effect of Act 106, which mandates insurance coverage of addiction treatment. The additional information may be used arbitrarily to deny treatment to individuals in need. I have enclosed a copy of our March 2007 response, to the changes that were proposed then, to illustrate.

People who need treatment for addiction are commonly stigmatized and ashamed to enter programs due to a fear of identification as a substance abuse patient. This will increase their fears, as well as deliver their personal and highly sensitive information into the hands of people who may not handle it as carefully as treatment programs do. The proposed regulations call for the disclosure of virtually everything in the client's file, including a psychosocial assessment, which includes very detailed information on the client's background, including that of family members, child abuse, sexual history, past legal history, etc.

When people are reluctant to enter treatment, for fear of their personal information being broadcast to a wide range of entities, the consequence is devastating to almost every facet of our society. It has social, economic, and quality-of-life impact. Many of these potential clients, without treatment, will end up in the already over-burdened criminal justice system. As addiction without treatment is always a fatal disease, we oppose these regulations because they can negatively affect the public health and safety by having individuals potentially avoid getting appropriate treatment because of the lack of confidentiality.

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Furthermore, many of the points of information called for in the proposed regulations are very subjective and variable in their nature – a person's "motivation to change" and "level of intoxication" can change frequently – even daily – in the course of detoxification, assessment and evaluation for treatment appropriateness, in the clients we see. Relapse triggers and social support systems can be something that changes dramatically throughout the course of a client's treatment – and may not even be able to be determined at the onset of treatment.

These proposed regulations do not really define what information could be withheld from other parties – even when it has no impact on a treatment decision. There will be an extra – and costly – burden on the clinical and administrative staff in treatment facilities to determine what data is appropriate to transmit.

Also, the Pennsylvania Client Placement Criteria (PCPC) has been the recognized format for admission to treatment facilities for some time. Why was the ASAM used as a guideline for these proposed regulations? The PCPC calls for basic information about intoxication/withdrawal, biomedical conditions, emotional/behavioral circumstances, treatment acceptance or resistance, relapse potential, and recovery environment. This has been sufficient in the past, and, of course, is subject to the assessment of the staff, but why do we need to replace this criteria? This tool requires a professional to assess the level of care that is needed by the person seeking treatment. We do not understand why the PCPC is not sufficient, to determine the need for treatment.

We welcome any feedback you have to respond to our comments, and we thank you for accepting our opinion.

Sincerely,

Michael Harle
Executive Director

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