



WHITE DEER RUN

Committed to Excellence

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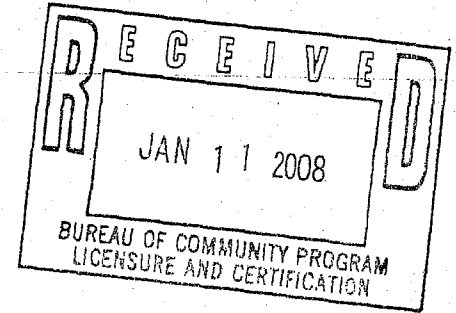
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INDEPENDENT REGULATORY
REVIEW COMMISSION

2654

January 11, 2008

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



Dear Janice Staloski,

I am writing to express my profound concerns with regard to the plans to alter and/or rescind the existing PA Code related to confidentiality; specifically 255.5 regulations regarding substance abuse treatment. I am strongly opposed to making alterations to the strength of Pennsylvania's confidentiality laws and regulations. There are no positive gains to Pennsylvania residents in allowing funding sources; public or private to have greater access to their private information.

Addiction is one of our nation's gravest public health issues facing every community and all socio-economic class. One of the barriers that prevent those afflicted with this diagnosable, treatable illness in seeking professional services is directly connected to the stigma attached to this brain disease, fear of having their personal information revealed to third parties; their families; friends or employers. Pennsylvania should be standing proudly behind the strength of our protections for this segment of our population. We *should* be proud of and support the extensive ground work that was done in the spirit of preserving and limiting access to personal information for those who seek services to address their addictions.

As a clinician serving this Pennsylvania population for eighteen years, I can assure you that extending the quality and quantity of information to a third party funder is

totally unnecessary, and will carry with it assured challenges for this group in the future in accessing and receiving services. Having personal information documented in a computer system somewhere and left for an indefinite period of time does not in any manner serve the client. I am sure we can agree that there is no computer systems that are 100% protected from hackers or thieves. This is evidenced in the security breach our veterans experienced in recent years.

The proposed changes to the existing laws and regulation once again attempt to shift the administrative burden from a funder to the provider. This is a totally unacceptable activity. There are already provisions within the current regulations to allow any funder the opportunity to review a member's information on site of a clinical provider any time the funder chooses. Any funder is welcome at any time to visit the grounds of a provider, and review the clinical and medical records of their members. Funders are welcome to review the documented clinical services, treatment planning, family involvement and clinical rationale to support the decision making of any substance abuse clinical provider. There is no reason to have this information passed over a phone, fax or hard copy in the mail for any reason. There is no justifiable rationale to support that a funder needs this type of sensitive information in their computer system to make decisions regarding authorization.

The impact this will have on the Act 106 of 1989 is immeasurable. The providers of this state have spent the last seven years educating the commercial insurers in Pennsylvania what the state laws are with regard to substance abuse treatment. I believe seven years is far too long in educating an entire industry about the state statutes as it relates to *their business processes*, and I simply do not trust that the proposed changes to the confidentiality regulations are intended to: Improve access to services at all levels of care; will improve service delivery in any manner; improve outcomes of treatment services – the only gain to these proposed changes are to the funder – not the member insured, public or private. I am hard pressed to understand how knowing the specific nature of substance of choice, specific use history, method of use, legal issues, legal history, medical complications by specific diagnosis, specific medications, dosage of medications, vital signs by specific number, trauma (with specific details) or the specific nature of the family/ living environment are useful in the authorization process.

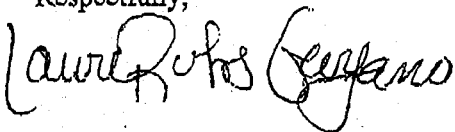
Under the current regulations, providers are able to discuss in detail any clinical issues with other *providers*, we are free to address the identified clinical issues with clients, their families and other service providers to meet a client's needs and best serve to assist them in overcoming the obstacles to staying sober over the long term.

Again, there are already several options for any funder of substance abuse services to review records, evaluate quality of care and monitor providers with whom they hold a contract. Every funder in the state holds the right to inspect records on provider's grounds. What they don't have is the right to gather and harbor private, personal and sensitive clinical information about their members. There are no gains to the member in this process – only the funders.

As providers of substance abuse services, each provider is held to a high standard of practice, which is rigorously monitored through the various state offices designed to protect and preserve rights of the people we treat. The quality of service delivery, the honesty or integrity of service delivery are open to review at any time and are encouraged to be transparent by nature. Any funder who cannot trust the services delivered by a specific provider needs to address this concern through the provider relations departments and appropriate communications with that specific provider. This is not something that should generate change in regulation.

Until such a time where insurers and funders are in *total and transparent, cooperative* compliance with state statute as it currently exists, and I hear clear benefits to how the over release of information will benefit the client; there ought to be no changes to the current limitations the Pennsylvania laws or regulations. Access to services need to be more easily obtained; more readily available and appropriately managed by funders. Having more information is not going to achieve this goal.

Respectfully,



Laure Rohrs Gargano LCSW CAC CCDP MAC

Director Research and Development

White Deer Run Allenwood

CC:

Representative Frank Oliver
Majority Chairman
Health and Human Services Committee
PA House of Representatives
Room 34 East Wing
Harrisburg, PA 17120

DASPOP
3820 Club Drive
Harrisburg, Pa 17110

Independent Regulatory Review Commission
333 Market Street 14th Floor
Harrisburg, Pa 17104

Senator Edwin Erickson
Majority Chairman
Public Health and Welfare Committee
Pennsylvania Senate
Room 281 Main Capital Building
Harrisburg, Pa 17120

Representative George Kenney
Minority Chairman
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PA House of Representatives
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FACSIMILE

DATE: 1/11/08

To: **Janice Staloski**
Bureau of Community Program Licensure and Certification
Department of Health

Send to Fax #: 717-787-3188

of Pages (including this sheet):5

From: *Laure Rohrs-Gargano LCSW CAC CCDP CET II MAC*
Director Research & Development 800-255-2335 1204 office
570-538-1962 fax

Subject:
Attached you will find my letter regarding the plans to alter 4 PA Code
255.5 for you review.
Thank you

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