



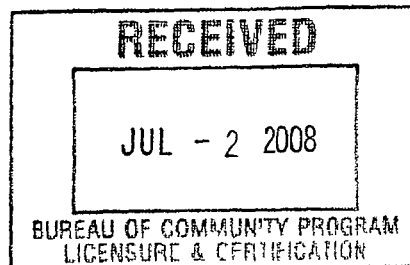
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June 25, 2008



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

Dear Ms. Staloski:

As the Executive Director of one of Pennsylvania's largest drug and alcohol addiction treatment programs, I would like to once again formally state my opposition to the proposed changes in 4 PA Code Section 255.5(b), as published in the most recent version of the Department's new Draft Rulemaking Regulation No. 10-186.

As the principle representative of a treatment system that includes 25 locations with 36 licensed programs in Pennsylvania and that has a longstanding history of compliance with the current regulation, I can assure you that the current boundaries established in 255.5(b) are not only manageable, but also equally appropriate.

Furthermore, I am confused and frustrated by the process in which these recommended changes and more recent versions of this rulemaking have come about. In the Regulatory Analysis Form, item number 13, it is stated that the benefactors of the proposed Rulemaking are 'individuals seeking treatment' and 'treatment facilities' yet it appears neither group have a voice in this process. It has been widely published that 140 letters of opposition have been submitted by consumers, advocates, treatment centers, and treatment professionals, yet our questions, concerns and suggestions have been ignored again in this third version of this Rulemaking. In fact, our questions regarding the ambiguity of the previous versions are now exacerbated in this latest writing, by adding more subjectivity and unclear definitions.

Additionally, throughout the proposed Rulemaking, it is noted that no additional costs will be incurred by treatment centers with this new standard. Once again, as noted in my previous

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correspondences of March 21, 2007 and January 7, 2008, that assertion is inaccurate and misleading to decision makers and stakeholders. Please consider the following table:

Items Released Under Current 255.5(b) Statute	Items to be Released Under Proposed Amendment to Statute 255.5(b)
<ol style="list-style-type: none"> 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 5. A short statement as to whether the client has relapsed into drug or alcohol abuse and the frequency of such relapse 	<ol style="list-style-type: none"> 1. A statement of whether or not the patient is in treatment for drug and alcohol abuse or dependence 2. The patient's level of intoxication from alcohol, illicit drugs or medication 3. The quantity, frequency and duration of use 4. Specific withdrawal symptoms exhibited by the patient currently, or in the past 5. The patient's vital signs 6. Specific medical conditions, including pregnancy 7. Specific medications taken 8. Laboratory test results 9. Patient's specific diagnosis 10. Patient's mental status 11. Level of functioning 12. Treatment history 13. Brief description of patient's progress in treatment <ul style="list-style-type: none"> • Participation in program activities • Motivation to change 14. Risk level for resuming substance use, abuse or dependence, based on: <ul style="list-style-type: none"> • Patterns of use, • Relapse history, • Existing relapse triggers, and • Coping skills to maintain recovery 15. Patient's social support system 16. Patient's environmental supports and stressors

From this side-by-side comparison of information which can be disclosed, the question must be begged as to how will treatment facilities provide, written or orally, at the request of third party payers this additional information at no cost? Reasonably, we can not. Our staff will be besieged by third party payers, based on subjective criteria for more information that is neither appropriate and/or necessary, and the finding in this analysis that it will be done at no cost is clearly speculative, and moreover, inaccurate.

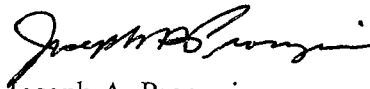
I would respectfully ask for a copy of the detailed financial analysis completed by the Department on this matter.

In summary, it is my belief that altering 255.5(b) in the proposed manner will adversely affect treatment providers as denoted above. I believe the process in which this rulemaking has been offered is inappropriate and severely flawed. Most importantly this proposal will only perpetuate the stigma often associated with the disease of addiction, limit access to treatment, and ultimately

harm the most vulnerable clients in need of rehabilitative services. Collectively, we as treatment providers and you as the Department of Health, are charged with protecting the best interest of the consumers here in the Commonwealth; the proposed changes to 255.5(b) will not further our collective mission in extending treatment to those in need.

Thank you for your consideration.

Respectfully,



Joseph A. Procopio
Regional Vice President CRC Health
Executive Director, White Deer Run

cc: Independent Regulatory Review Commission
Representative Frank Oliver
Senator Edwin Erickson
Representative George Kenney
Senator Vincent Hughes
Jerry Rhodes, President, CRC Health, Recovery Division
Deb Beck, President, DASPOP