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July 3, 2008 #2654

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

RECEIVED
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BUREAU OF COMMUNITY PROGRAM
LICENSURE & CERTIFICATION

Dear Ms. Staloski,

As a recovering person with over 23 years of abstinence and a professional working in all levels of Drug and Alcohol treatment for over 21 years, I strongly object to the Department of Health's Proposed Regulation No. 10-186 as currently written.

As a past consumer who has worked as a counselor for inpatient and outpatient levels of care, been an executive director, and even worked for a managed care organization, I think it's safe to say I have a clearer understanding than most for the need to protect the rights of those still in need of help. Diluting the current regulation will only serve to add another barrier to treatment for those who already suffer from untold prejudice and shame associated with this disease.

The latest draft seemed to ignore the questions and concerns brought to the Advisory Council at the meeting in April 2008. Some specific concerns I have include: the Definition of Government Officials, Definition of Program, Definition of Patient Records, Enforcement and Penalties for Violations, Act 106 of 1989 and Information to be Released With Consent. (See attached *Section-by-Section Review, 4/25/08 version*.) Also, new concerns from the latest draft include: a new definition of treatment (page 2, (a)), the new language on emotional/behavioral or environmental stressors (page 5, (c) (2) (ii) (D)) and the reinsertion of the oral consent provision (page 10, (f) (8)).

Under the new proposed rule, definitions are so ambiguous that the role of government and payer is confused with the role of those providing hands-on treatment thus inviting the payer to intervene with treatment and to substitute

his/her judgment for that of the treating professional without ever having laid eyes on the individual.

In conclusion, I believe the current rules adequately protect the individual seeking treatment and their records. Managed care organizations routinely inspect records. I see no need for a government organization or managed care organization to be privy to sensitive confidential patient information other than on their periodic reviews. The changes proposed in the draft will significantly weaken, confuse and complicate the issue of confidentiality protections of sensitive patient information to the most vulnerable patients.

Sincerely,

James Duffy

James R. Duffy, MBA, CAC

Janice Staloski, Director
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