

WHITE DEER RUN

Committed to Excellence

A Member of CRC Health Group

360 White Deer Run Road
PO Box 97
Allenwood, PA 17810-0097

(570) 538.2567

(800) 255.2335

(570) 538.5303 (Fax)

Web Site www.whitedeerrun.com

E-Mail admit@whitedeerrun.com

July 9, 2008 2654.

Ms. Janice Stalowski, Director
Bureau of Community Program Licensure
And Certification
Department of Health
132 Kline Plaza, Suite A
Harrisburg, PA 17104

Dear Director Stalowski,

Thank you for the opportunity to review and comment on the Draft Final Rulemaking for 4 Pa. Code § 255.5, Confidentiality of patient records and information.

I find the Draft Final Rulemaking to be troublesome and I respectfully and strenuously object to the content. Some of the reasons are as follows:

- Disclosing information from a patient record to a patient's employer to further the rehabilitation of a patient; or, to a prospective employer who affirmatively expresses that the information is sought to enable the employer to engage the patient as an employee; does nothing more than, in my opinion, place the patient in a double bind situation. There will be obvious financial pressures for some patients to acquiesce to giving consent, whether or not it is in the patient's best interest to do so. Recently I had the opportunity to speak with a patient in York, PA who relayed that his small-business employer had promised over the past year to provide benefits for him and his family. The patient reported that he was now told by his employer that because the patient has sought treatment for addiction it probably meant that the patient would never be able to get insurance coverage benefits.
- The Draft's proposed expansion of information that may be released to government officials and third party payers to obtain benefits or services due to the patient as a result of his drug or

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alcohol abuse or dependence creates subjectivity in the decision making process. It expands the release of information that may be used to deny services for a relapsing disease. Are other medical conditions subject to the same review by government officials and third party payers for the patient to obtain benefits or services- such as stressors that may impact the recovery of a candidate for cardiac bypass surgery, or the diabetic patient facing a peripheral neuropathy induced amputation related to impaired coping skills affecting dietary compliance? What are the parameters to be used by third party payers in approving or denying benefits/services related to:

1. The patient's risk level for resuming substance use, abuse or dependence based on patterns of use, relapse history, existing relapse triggers and coping skills to maintain recovery.
2. The patient's social support system, environmental supports and stressors that may impact ongoing recovery.

An additional consideration is the qualifications of the third party payers who receive the expanded information. For example, are the reviewers qualified to interpret and make decisions based on the patient's vital signs, specific medical conditions to include pregnancy, specific medications and laboratory test results?

- Decisions regarding access to care, lengths of stays, and levels of care will be more heavily influenced by payers and case managers if the proposed rule making changes come about. The science, education and art of professionals practicing their specialty in the treatment of substance abuse and dependency deserve a greater voice in this crucial matter, on behalf of the patients they serve.

Thank you once again for the opportunity to review and comment on the Draft Final Rulemaking for 4 Pa. Code § 255.5, Confidentiality of patient records and information. I have attached a copy of my letter from January 10, 2008 in which I expressed support of 4 PA Code §255.5 as it presently stands.

Sincerely,

Roseanna H. Mollica

Roseann H. Mollica BSN, RN, BC
Director, Quality and Nursing Services
CRC Health Group Northeast Region Recovery Division

cc: Joseph Procopio, CRC Health Group Regional Vice President-
Northeast Region Recovery Division

DASPOP
3820 Club Drive
Harrisburg, PA 17110

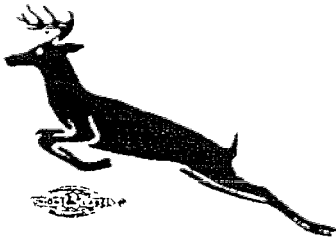
Independent Regulatory Review Commission
333 Market Street, 14th Floor
Harrisburg, PA 17104

Representative Frank Oliver
Majority Chairman
Health and Human Services Committee
PA House of Representatives
Room 34 East Wing
Harrisburg, PA 7120

Representative George Kenney
Minority Chairman
Health and Human Services Committee
PA House of Representatives
Room 108 Ryan Office Building
Harrisburg, PA 17120

Senator Edwin Erickson
Majority Chairman
Public Health and Welfare Committee
Pennsylvania Senate
Room 281, Main Capitol Building
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Senator Vincent Hughes
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January 10, 2008

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

Dear Director Staloski,

Thank you for the opportunity to review and comment on the Department of Health's Proposed Regulation No. 10-186 regarding confidentiality of drug and alcohol addiction treatment patient records and information.

As the Director of Quality and Nursing Services for White Deer Run, Inc I have frequent opportunity to be involved or consulted in matters of confidentiality relating to treatment and external requests for release of information. Without fail, the guidelines as provided under 4 PA Code §255.5 and the Federal confidentiality regulations (42 CFR, Chapter 1) assist us in responding in a manner that is courteous, fair, and consistent.

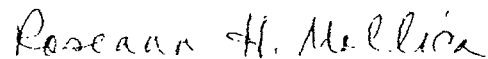
White Deer Run (WDR) is, by history and action, a strong supporter and advocate of 4 PA Code §255.5. Past and present leaders of WDR have developed a framework in which we work with external entities who request information while protecting patient's rights as afforded under existing laws. The work has not been easy in many circumstances. At times there have been threats of legal and financial backlash for upholding the laws that safeguard the people in our care.

Therefore, it is with great concern that I must voice my objection to the Department's Proposed Regulation No. 10-186 regarding confidentiality of drug and alcohol addiction treatment patient records and information. As a professional nurse with nearly thirty years experience in the direct treatment and administrative oversight of patients with mental illness and chemical dependency, I believe our

patients have much to lose under the proposed changes. I believe that precious time and staff resources would be spent sorting out issues that were previously matters of routine business, performed exceedingly well, and unflinchingly. Most importantly there is not, in my opinion, a measure of benefit on behalf of the patient in the proposed changes.

Thank you once again for the opportunity to review and comment on the proposed regulation.

Respectfully,



Roseann H. Mollica BSN, RN, BC
Director, Quality & Nursing Services
White Deer Run, Inc

Cc: Joseph Procopio, Regional Vice President Northeast Region
Recovery Division, CRC Health Group and WDR Executive Director

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