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INDEPENDENT REGULATORY
REVIEW COMMISSION

#2654

July 22, 2008

Janice Staloski, Director Bureau of Community Program Licensure and Certification Department of Health 132 Kline Plaza, Suite A Harrisburg, PA 17104-1579

Dear Ms. Staloski,

The purpose of this letter is state strong support for the changes being proposed to the drug and alcohol confidentiality regulations (255.5.) The Pennsylvania Community Providers Association (PCPA), along with many others in the field, have advocated for change in the **40 year old regulations** for over a decade.

The bottom line is that clients need control over their own information and critical yet basic information is needed to insure safe, quality care. No one is recommending that personal client information is shared or entire charts are handed over to anyone. PCPA members are devoted to quality care and patient safety. Both are threatened every day under the existing regulations.

PCPA represents over 225 community agencies that provide services for individuals needing mental health, drug and alcohol, and intellectual disability services. PCPA members cover all 67 counties and nearly 100 of our members provide treatment for drug and alcohol services for adolescents, adults, and families.

Over the last 10 years many statewide meetings have taken place to discuss the problems with the confidentiality regulations and search for solutions. The current regulations are outdated, unnecessary, and impede the coordination of services.

Under the current regulations the client cannot decide who should receive what information. In many cases, even with the support and informed consent of the client, the regulations do not allow the provider to share needed information that will benefit the client. **Under the proposed regulations, the client controls the release of their information** to insurers, third party payers and anyone else. If the client does not want to release information, the treatment provider *cannot* and will not release information to anyone.



The current 255.5(b) regulations make it difficult to get appropriate approvals/authorizations from insurance companies and managed care organizations for higher levels of care, continued care, and appropriate medications. The vast majority of the clients PCPA members serve are public funded. PCPA members work in partnership with the state-contracted managed care companies. Additional information results in approval — not a denial. Public funded managed care has actually brought MORE service and funding to the drug and alcohol system, not less. The critical yet basic information needed for safe quality care that cannot be accessed under the current regulations includes, but is not limited to:

- patient's vital signs,
- medications taken,
- · drug of choice,
- level of intoxication, including the duration of use,
- withdrawal symptoms,
- medical conditions (including pregnancy), and
- laboratory test results.

Individuals in the drug and alcohol service system often need help navigating other systems and applying for greatly needed benefits. The current 255.5(b) regulations make it difficult to work with other important partners in the individual's recovery process such as the child welfare system, the Social Security Administration, the criminal justice system, supportive housing, and vocational rehabilitation. Treatment providers have been cited for violating the current regulations when helping a mother in recovery regain much deserved custody of her children. They have been cited when helping a family keep a young adult out of prison and even when helping a client apply for Social Security benefits.

The proposed changes do not wipe out client confidentiality! The client's confidentiality rights will continue to be protected by the revised regulations, special drug and alcohol federal regulations 42CRF, HIPAA, and other Pennsylvania state regulations. In fact, the federal regulations alone provide the most stringent client protections in the entire health care system. These new amended regulations do not allow treatment providers to turn over the entire patient medical record to an insurer. They do not allow treatment providers to share treatment notes or personal details about the clients' life.

PCPA strongly supports Act 106. The *proposed* regulations, like the *existing* regulations, will not apply or change the authorization of drug and alcohol treatment services for individuals who are covered by Act 106.

Again, PCPA members are devoted to quality care and patient safety. Both are threatened every day under the existing regulations. If you have any questions or concerns please contact Anne McHugh Leisure, director of legislative affairs (anne@paproviders.org); Morgan Plant, government relations consultant (mrgnplant@aol.com or 717-245-0902) or Lynn Cooper, deputy director (lynn@paproviders.org).

Thank you for the good work you are doing.

Sincerely,

George J. Kimes