Regulatory Analysis Form

(Completed by Promulgating Agency)

(All Comments submitted on this regulation will appear on IRRC's website)

INDEPENDENT REGULATORY REVIEW COMMISSION

RECEIVED

Independent Regulatory Review Commission

September 14, 2026

(1) Agency
Department of Human Services

(2) Agency Number: 14
Identification Number: 558

IRRC Number: 3466

(3) PA Code Cite: 55 Pa. Code Chapter 5100

(4) Short Title:

Mental Health Procedures

(5) Agency Contacts (List Telephone Number and Email Address):

Primary Contact: Barry Decker (717) 772-7640, bdecker@pa.gov
Secondary Contact: Robert Kabata (717) 257-5201, rokabata@pa.gov

(6) Type of Rulemaking (check applicable box):

- ☐ Proposed Regulation
- ☒ Final Regulation
- ☐ Final Omitted Regulation
- ☐ Emergency Certification Regulation;
- ☐ Certification by the Governor
- ☐ Certification by the Attorney General

(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)

The purpose of this final-form rulemaking is to amend Chapter 5100 to align with Act 32 of 2022 and Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements. Act 32 of 2022 requires the Department of Human Services (Department) to promulgate regulations reflecting changes to the Mental Health Procedures Act, which include the addition of covered entities and business associates to the list of entities to which the Department may disclose confidential information.

(8) State the statutory authority for the regulation. Include specific statutory citation.

The Department has authority to promulgate this regulation under section 112 of the Mental Health Procedures Act (50 P. S. § 7112) (act) and section 201(2) of the Mental Health and Intellectual Disabilities Act of 1966 (50 P. S. § 4201(2)). In addition, section 3 of the act of July 7, 2022 (P.L. 428, No. 32) (Act 32) requires the Department to promulgate regulations for the purpose of implementing the amendment of section 111(a) of the act regarding access to confidential documents of persons in treatment for a covered entity or a covered entity's business associate.

(9) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as, any deadlines for action.

Yes, Act 32 of 2022 requires the Department to promulgate regulation in order to implement the amendments to the act. Further, to conform with HIPAA (45 CFR Parts 160 and 164, including §§ 160.103, 164.524), the Department is proposing changes under this chapter.

(10) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

The final-form rulemaking is needed to align requirements of the Chapter 5100 regulation with the requirement of Act 32 of 2022. Additionally, the final-form rulemaking aligns with the Federal requirements under HIPAA (45 CFR Parts 160 and 164, including §§ 160.103, 164.524). This will benefit over 720,000 individuals receiving Department-funded behavioral health services in Pennsylvania. This final-form rulemaking will also benefit at least 1,732 providers and 5,655 satellite sites in following a standard process for confidentiality.

(11) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

No. The final-form rulemaking is needed to align with the requirement of Act 32 of 2022 and to be consistent with Federal HIPAA (45 CFR Parts 160 and 164, including §§ 160.103, 164.524) requirements.

(12) How does this regulation compare with those of the other states? How will this affect Pennsylvania's ability to compete with other states?

The final-form rulemaking provides consistency with Federal HIPAA (45 CFR Parts 160 and 164, including §§ 160.103, 164.524) requirements. As such, the final-form rulemaking will not affect Pennsylvania's ability to compete with other states.

(13) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

No, the final-form rulemaking will not affect any other state regulations.

(14) Describe the communications with and solicitation of input from the public, any advisory council/group, small businesses and groups representing small businesses in the development and drafting of the regulation. List the specific persons and/or groups who were involved. ("Small business" is defined in Section 3 of the Regulatory Review Act, Act 76 of 2012.)

In response to the Act 32 of 2022, the Department issued bulletin OMHSAS-23-05 titled, "Confidentiality of Records Changes Due to Act 32 of 2022 and Aligning with Health Insurance Portability and Accountability Act of 1996" on May 12, 2023. Under the bulletin, the Department informed stakeholders of Act 32 of 2022 changes to the list of permissible disclosures in 50 P.S. § 7111(a), new definitions in 50 P.S. § 7103.1, and announced that the Department would be amending

55 Pa. Code Chapter 5100 to align with Act 32 and federal HIPAA (45 CFR Parts 160 and 164, including §§ 160.103, 164.524) requirements. Additionally, OMHSAS informed stakeholders of a pending OMHSAS bulletin and changes to the Chapter 5100 regulations during a stakeholder meeting on March 21, 2023, which was open to the public and advertised via the OMHSAS public listserv. Link to Bulletin OMHSAS-23-5_May2023.pdf (pa.gov).

(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

This regulation will benefit over 720,000 individuals who receive Department-funded behavioral health services in Pennsylvania. This regulation will also benefit at least 1,732 providers and 5,655 satellite sites in following a standard process for confidentiality. The Department does not have access to information on all revenue generated by all licensed providers and is therefore unable to determine how many providers or licensed locations would qualify as small businesses. The revision to Chapter 5100 is needed to align with the statutory requirements of Act 32 of 2022. Additionally, the final-form regulation aligns with the confidentiality requirements under HIPAA (45 CFR Parts 160 and 164, including §§ 160.103, 164.524), allowing for consistency.

(16) List the persons, groups or entities, including small businesses that will be required to comply with the regulation. Approximate the number that will be required to comply.

All 1,732 providers and 5,655 licensed locations of behavioral health services will need to comply with this regulation.

(17) Identify the financial, economic and social impact of the regulation on individuals, small businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

The impact of the regulations on individuals and providers will allow for the alignment of regulations with Federal HIPAA (45 CFR Parts 160 and 164, including §§ 160.103, 164.524) requirements and Act 32 of 2022. This will allow for greater access of information for individuals to a covered entity or business associate.

(18) Explain how the benefits of the regulation outweigh any cost and adverse effects.

The revision to Chapter 5100 is needed to align with the requirement of Act 32 of 2022. Additionally, the final-form regulation aligns with the confidentiality requirements under HIPAA (45 CFR Parts 160 and 164, including §§ 160.103, 164.524). This will benefit individuals who receive behavioral health services in Pennsylvania for greater access to their own information and proposes a standard confidentiality process for providers.

(19) Provide a specific estimate of the costs and/or savings to the **regulated community** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

There are no costs or savings anticipated to the regulated community.

(20) Provide a specific estimate of the costs and/or savings to the **local governments** associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

There are no anticipated costs or savings to the local governments.

(21) Provide a specific estimate of the costs and/or savings to the **state government** associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

There are no anticipated costs or savings to the state government.

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

There are no legal, accounting or consulting procedures or additional reporting, recordkeeping or other paperwork which will be required for implementation of the regulation.

(22a) Are forms required for implementation of the regulation?

No new forms are required for implementation.

(22b) If forms are required for implementation of the regulation, **attach copies of the forms here.** If your agency uses electronic forms, provide links to each form or a detailed description of the information required to be reported. **Failure to attach forms, provide links, or provide a detailed description of the information to be reported will constitute a faulty delivery of the regulation.**

No new forms are required for implementation.

Gloria K. Gilligan 05/07/2025

(23) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year 2025-2026	FY +1 Year 2026-2027	FY +2 Year 2027-2028	FY +3 Year 2028-2029	FY +4 Year 2029-2030	FY +5 Year 2030-2031
SAVINGS:	**$**	**$**	**$**	**$**	**$**	**$**
Regulated Community	0	0	0	0	0	0
Local Government	0	0	0	0	0	0
State Government	0	0	0	0	0	0
Total Savings	0	0	0	0	0	0
COSTS:						
Regulated Community	$0	$0	$0	$0	$0	$0
Local Government	0	0	0	0	0	0
State Government	0	0	0	0	0	0
Total Costs	0	0	0	0	0	0
REVENUE LOSSES:						
Regulated Community	0	0	0	0	0	0
Local Government	0	0	0	0	0	0
State Government	$0	$0	$0	$0	$0	$0
Total Revenue Losses	0	0	0	0	0	0

(23a) Provide the past three-year expenditure history for programs affected by the regulation.

Program	FY -3 2022-2023	FY -2 2023-2024	FY -1 2024-2025	Current FY 2025-2026
Mental Health	$ 866,093,000	$ 885,567,000	$ 956,535,000	$ 938,613,000
MA Capitation	$3,418,498,000	$3,594,065,000	$3,557,219,000	$3,792,846,000
MA Fee-for-Service	$589,137,000	$697,354,000	$691,787,000	$702,847,000

(24) For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:

(a) An identification and estimate of the number of small businesses subject to the regulation.
RESPONSE: The Department does not have access to information on all revenue generated by all licensed providers and is therefore unable to determine how many providers or licensed locations would qualify as small businesses. All 1,732 providers and 5,655 licensed locations of behavioral health services will need to comply with this regulation, which proposes to codify the statutory changes under Act 32 and Federal HIPAA requirements.

(b) The projected reporting, recordkeeping and other administrative costs required for compliance with the final-form rulemaking, including the type of professional skills necessary for preparation of the report or record.
RESPONSE: There are minimal to no additional costs anticipated.

(c) A statement of probable effect on impacted small businesses.
RESPONSE: Because this final-form rulemaking codifies existing statutory requirements under Act 32 of 2022 and Federal HIPAA requirements, there is no impact on small businesses.

(d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the final-form rulemaking.
RESPONSE: Because this final-form rulemaking codifies existing statutory requirements under Act 32 of 2022 and Federal HIPAA requirements, there are no other methods available for achieving the purpose of the final-form rulemaking.

(25) List any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, the elderly, small businesses, and farmers.

This regulation relates to the confidentiality of records in compliance with Federal and State law. No special provisions are included for specific populations, such as minorities, the elderly, small businesses or farmers.

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

To be consistent with Act 32 of 2022 and Federal HIPAA requirements, no other regulatory provisions were considered given the limited nature and anticipated impact of this final-form rulemaking.

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

a) The establishment of less stringent compliance or reporting requirements for small businesses;

RESPONSE: The revision to Chapter 5100 is needed to align with the statutory requirements of Act 32 of 2022. Additionally, the final-form rulemaking aligns with the confidentiality requirements under HIPAA. As such, there are not less stringent compliance or reporting requirements for small businesses.

b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;

RESPONSE: The revision to Chapter 5100 is not anticipated to require hardship on small businesses as the revisions are needed to align with the statutory requirements of Act 32 of 2022 and Federal HIPAA requirements.

c) The consolidation or simplification of compliance or reporting requirements for small businesses;

RESPONSE: The revision to Chapter 5100 is needed to align with the statutory requirements of Act 32 of 2022. Additionally, the final-form rulemaking aligns with the confidentiality requirements under HIPAA.

d) The establishment of performance standards for small businesses to replace design or operational standards required in the regulation; and

RESPONSE: There are no performance standards established since the revisions to the regulations are needed to align with the statutory requirements of Act 32 of 2022 and to align with the confidentiality requirements under HIPAA.

e) The exemption of small businesses from all or any part of the requirements contained in the regulation.

RESPONSE: Small businesses are not exempt from the requirements of the final-form rulemaking since the revisions to Chapter 5100 are needed to align with the statutory requirements of Act 32 of 2022. Additionally, the final-form rulemaking aligns with the confidentiality requirements under HIPAA.

(28) If data is the basis for this regulation, please provide a description of the data, explain in detail how the data was obtained, and how it meets the acceptability standard for empirical, replicable and testable data that is supported by documentation, statistics, reports, studies or research. Please submit data or supporting materials with the regulatory package. If the material exceeds 50 pages, please provide it in a searchable electronic format or provide a list of citations and internet links that, where possible, can be accessed in a searchable format in lieu of the actual material. If other data was considered but not used, please explain why that data was determined not to be acceptable.

No data is the basis for this regulation.

(29) Include a schedule for review of the regulation including:

A. The length of the public comment period: 30 days.

B. The date or dates on which any public meetings or hearings will be held: No public meetings or hearings will be held.

C. The expected date of delivery of the final-form regulation: 4th Quarter 2026.

D. The expected effective date of the final-form regulation: Upon publication of the final-form rulemaking in the Pennsylvania Bulletin.

E. The expected date by which compliance with the final-form regulation will be required: Upon publication of the final-form rulemaking in the Pennsylvania Bulletin.

F. The expected date by which required permits, licenses or other approvals must be obtained: There are no required permits, licenses or other approvals needed for this regulation.

(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

The Department will review the regulations on an ongoing basis to ensure compliance with Federal and State law and to assess the appropriateness and effectiveness of the regulation.

Comment Number 14-558-	Agency/Individual	E-mail or Address
14-558-01	Beth Pindilli, Alleghency County DHS	elizabeth.pindilli@alleghenycounty.us
14-558-02	Patricia Redmond, Children's Hospital of Philadelphia	redmondp@chop.edu
14-558-03	Jim Sharp, Rehabilitiation & Community Providers Association	jsharp@paproviders.org
14-558-04	Rep. Doyle Heffley, Chairman House Human Services Committee	Arobey@pahousegop.com
14-558-05	Madison Brame, IRRC	mbrame@irrc.state.pa.us

CDL-1

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

RECEIVED

Independent Regulatory
Review Commission

September 14, 2026

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved as to form and legality. Attorney General **By:**_____ **(Deputy Attorney General)** _____ **Date of Approval** ☐ **Check if applicable Copy not approved. Objections attached.**	**Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by:** **DEPARTMENT OF HUMAN SERVICES** **(Agency)** **LEGAL COUNSEL:** _____ **DOCUMENT/FISCAL NOTE NO.** 14-558 **DATE OF ADOPTION:**_____ **BY:**_____ **TITLE:** **SECRETARY OF HUMAN SERVICES** **(Executive Officer, Chairman or Secretary)**	**Copy below is hereby approved as to form and legality. Executive or Independent Agencies.** **BY:**_____ 8/17/2026 _____ **Date of Approval** **(Deputy General Counsel)** **(Chief Counsel, Independent Agency)** **(Strike inapplicable title)** ☐ **Check if applicable. No Attorney General approval or objection within 30 days after submission.**

NOTICE OF FINAL-FORM RULEMAKING

DEPARTMENT OF HUMAN SERVICES

OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

[55 Pa.Code Chapter 5100. Mental Health Procedures]

Mental Health Procedures

Statutory Authority

The Department of Human Services (department), by this order, adopts the regulation set forth in Annex A under the authority of section 112 of the Mental Health Procedures Act (act) (50 P.S. § 7112) and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)). Notice of the proposed rulemaking was published at 55 Pa.B, 8235 (December 6, 2025).

Purpose of Regulation

The purpose of this final-form rulemaking is to amend Chapter 5100 (relating to Mental Health Procedures) to align with the amendments to the act made by Act 32 of 2022 and requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law No. 104-191, 110 Stat. 1936). Act 32 of 2022 requires the department to promulgate regulations reflecting changes made by Act 32 of 2022 to the act, which include: (1) the new definitions of "business associate" and "covered entity"; and (2) the addition of covered entities and their business associates to the list of entities to which the department may disclose confidential information.

Background

On July 7, 2022, Act 32 of 2022 was signed into law, amending the act by updating definitions and confidentiality requirements. As noted previously, Act 32 of 2022 also required the department to promulgate regulations in accordance with the act.

On May 12, 2023, the department issued bulletin OMHSAS-23-05, titled "Confidentiality of Records Changes Due to Act 32 of 2022 and Aligning with Health Insurance Portability and Accountability Act of 1996" to inform stakeholders of changes to the list of permissible disclosures under section 111(a) of the act and new definitions under section 103.1 of the act (50 P.S. § 7103.1). Additionally, the bulletin announced that the department would amend Chapter 5100 to align with Act 32 of 2022 and HIPAA requirements. See: https://www.dhs.pa.gov/docs/Publications/Documents/FORMS%20AND%20PUBS%20OMHSAS/Bulletin%20OMHSAS-23-5_May2023.pdf.

Affected Individuals and Organizations

This final-form rulemaking will benefit over 720,000 individuals receiving department-funded behavioral health services in this Commonwealth. This final-form rulemaking will also benefit at least 1,732 providers and 5,655 satellite sites in following a standard process for confidentiality.

Accomplishments and Benefits

This final-form rulemaking will align with the requirements of Act 32 of 2022 and with HIPAA. Additionally, the final-form rulemaking will allow for greater access for individuals to their own information.

Fiscal Impact

No cost to the Commonwealth, local government, service providers or individuals is anticipated as a result of this final-form rulemaking.

Paperwork Requirements

There are no legal, accounting or consulting procedures or additional reporting, recordkeeping or other paperwork required to comply with this final-form rulemaking. This final-form rulemaking codifies existing statutory requirements under Act 32 of 2022 and Federal HIPAA requirements. Under this final-form rulemaking, the written authorization shall comply with HIPAA and other Federal and State requirements.

Public Comment

Written comments, suggestions and objections regarding the proposed rulemaking were requested within a 30-day period following publication in the *Pennsylvania Bulletin*. Of the at least 1,732 impacted providers, the department received comments from only three public commentators, one legislative representative and the Independent Regulatory Review Commission (IRRC). Specifically, comments were received from Allegheny County Department of Human Services, Children's Hospital of Philadelphia, Rehabilitation & Community Providers Association, Representative Doyle Heffley and IRRC.

Discussion of comments and major changes

The following is a summary of the comments received, the department's responses to these comments and a summary of additional changes to this final-form rulemaking. Overall, many comments received were in support of the proposed regulatory amendments.

§ 5100.32 – Nonconsensual release of information.

One commentator supported the addition of covered entities and business associates in this section. Representative Heffley identified that there was a correction needed for the reference to the Code of Federal Regulations citations where 'covered entity' and 'business associate' were located.

Response:

The department appreciates the support for the addition of covered entities and business associates. The citation for the terms 'covered entity' and business associate' was corrected when the proposed rulemaking was published in the *Pennsylvania Bulletin* at 55 Pa.B, 8235 (December 6, 2025) and the changes are maintained in Annex A of the final-form rulemaking.

§ 5100.33 – Patients access to records and control over release of records.

A few commentators expressed concern that removing specific language regarding consent and treatment for minors 14 years of age or older conflicted with the act of July 23, 2020, (P.L. 647, No. 65) (Act 65) and HIPAA. Another commentator was concerned that the regulation would limit parental/guardian access to records in the event that the child is less than 14 years of age or incompetent. Representative Heffley recommended that parental access to medical records be addressed in the final-form rulemaking and requested further education and outreach. A commentator was also concerned that the regulations would remove the flexibility for providers to withhold records when there is a determination that receiving specific information concerning treatment would constitute a substantial detriment to the patient's

treatment. A commentator expressed a concern about the regulations aligning with HIPAA and state law and if the regulations are changing the requirement for subpoenas and court orders. IRRC requested the department to further explain the rationale for the proposed amendment. Additionally, IRRC recommended treating a patient's access to their record and the disclosure of that record as separate distinct concepts; that separate language addressing each concept would make it easier to comprehend and to comply with the regulation.

Response:

The department appreciates the comments received but does not agree that removing specific subsections results in conflicts with Act 65, HIPAA or eliminates access to records by minors. Specifically, Federal and State law control access to patient records which is why the department removed these conflicting subsections under this section. For example, an individual has a general right of access to inspect and obtain a copy of the individual's protected health information in a designated record set, unless there is an exception. 45 CFR 164.524(a) (relating to access of individuals to protected health information). This individual access to inspect and copy under Federal law is broader than subsection (b), which is why the department is maintaining the deletion of this subsection in the final-form rulemaking. Further, Federal HIPAA regulations govern when access to records may be denied because access would endanger an individual or reveal the source of information from someone other than the provider when made under a promise of confidentiality. Under 45 CFR 164.524(a)(3), a licensed health care professional may deny individual access when, in the exercise of professional judgment, the access requested is reasonably likely to endanger the life or physical safety, or cause substantial harm to the individual or another person. Similarly, Federal regulations permit the denial of

access to the source of information if protected health information was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information. 45 CFR 164.524(a)(2). To further clarify this priority of Federal and State law, the department added language in § 5100.31(j) to provide "[t]o the extent that any requirements in this chapter conflict with Federal or State law requiring or precluding disclosure of information, Federal and State law will control. The department also added a reference to HIPAA in § 5100.34(a) for further clarity and consistency. Further guidance regarding HIPAA privacy, permitted uses and disclosures are available at: https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html. In addition, frequently asked questions for individuals and professionals are available at: https://www.hhs.gov/answers/hipaa/index.html.

In response to the comment regarding increased stakeholder engagement, the department provided updates during a standing public quarterly stakeholder call held by the Office of Mental Health and Substance Abuse Services on four occasions between January 2025 and April 2026. These stakeholder calls are open to any member of the public and attendees include county mental health administrators, HealthChoices primary contractors, behavioral health managed care organizations, behavioral health care providers, and individuals and families of those receiving behavioral health services.

In response to the comments received regarding the need for more clarity regarding minor consent and parental access, the department added language to § 5100.33(a) in the final-form rulemaking to expressly provide that minor consent has to be in accordance with State law under the Act of February 13, 1970 (P.L. 19, No. 10) (35 P.S. §§ 10101-10105), including the

recent amendments under Act 65 of 2020.To the extent further guidance is needed regarding minor consent under State law, the department will provide technical assistance as appropriate.

Based on IRRC's comments, the department also separated record access and record disclosure in § 5100.33 into two separate subsections: subsection (e.1) and a new subsection (e.2). Although the department declined to remove the references to Parts 160 and 164 because of the applicability of various provisions to be read *in pari materia*, the department added further specific citations for additional clarity. Specifically, the department revised language in subsection (e.1) to provide that a patient's access to their record and the information contained in them is required to be in accordance with HIPAA and the accompanying Federal regulations at 45 CFR Parts 160 and 164 (relating to general administrative requirements; and security and privacy), including section 164.524 (relating to access to individuals to protected health information). Similarly, subsection (e.2) was added to the final-form rulemaking to delineate that disclosure of a patient's record and information contained therein shall also be in accordance with HIPAA and the accompanying regulations at 45 CFR Parts 160 and 164, including subpart E (relating to privacy of individually identifiable health information) of Part 164.

Lastly, in accordance with HIPAA, records may be released with a subpoena under certain circumstances under Federal regulations at 45 CFR 164.512(e) (relating to uses and disclosures for which an authorization or opportunity to agree is not required).

§ 5100.37 – Records relating to drug and alcohol abuse or dependence.

A commentator expressed concern that the language in this section would be a broader requirement than what is otherwise required under the Pennsylvania Drug and Alcohol Abuse Control Act (DAACA) (71 P.S. §§ 1690.101—1690.115) or Federal law (HIPAA and 42 CFR

Part 2 (relating to confidentiality of substance use disorder patient records)). The commentator recommended that the regulations plainly state that the confidentiality provision of DAACA applies to "the treatment of" drug or alcohol abuse or dependency by adding additional language.

Response:

The department appreciates the comment; however, it declines to make this suggested change in reference to DAACA. First, § 5100.37 does not independently impose any new requirement by cross referencing DAACA. Second, the DAACA specifically refers to "patient records and all information contained therein relating to drug or alcohol abuse or drug or alcohol dependence" (71 P.S. § 1690.108(c)(1)); s*ee also* 42 CFR 2.12(a)(1)(i) (relating to applicability), regarding restrictions on records "which would identify a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person" for Federally assisted SUD treatment programs.

Regulatory Review Act

Under § 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on November 13, 2025, the department submitted a copy of the proposed rulemaking, published at 55 Pa.B. 8235 (December 6, 2025), to IRRC and to the chairperson of the House Human Services Committee of the Senate and to the chairperson of the Human Services Committee of House of Representatives.

Under section 5(c) of the Regulatory Review Act, the department is required to submit to IRRC and the Senate and House Committees copies of comments received during the public comment period, as well as other documents when requested. In preparing this final-form rulemaking, the department has considered all comments from IRRC, the Senate and House committees and the public.

Under Section 5.1 (j.1) and (j.2) of the Regulatory Review Act (71 P.S. § 745.5a(j.1) and (j.2)), this regulation was [deemed] approved by the Senate and House Committees on _____. Under Section 5.1(e) of the Regulatory Review Act, IRRC met on _____ and approved this final-form rulemaking.

Findings

The department finds that:

(a) Public notice of proposed rulemaking was given under sections 201 and 202 of the act of July 31, 1968 (P.L. 769, No. 240) (45 P.S. §§ 1201 and 1202), referred to as the Commonwealth Documents Law, and regulations promulgated thereunder at 1 Pa. Code §§ 7.1 and 7.2 (relating to notice of proposed rulemaking required; and adoption of regulations).

(b) A public comment period was provided as required by law and all comments were considered in drafting this final-form rulemaking.

(c) The amendments to this final-form rulemaking do not enlarge the purpose of the proposed rulemaking published at 55 Pa.B. 8235 (December 6, 2025).

(d) The amendments to this regulation in the manner provided by this final-form rulemaking are necessary and appropriate for the administration and enforcement of the Mental Health Procedures Act (50 P.S. §§ 7101 - 7503) and the Mental Health and Intellectual Disability Act of 1966 (50 P.S. §§ 4101- 4704).

Order

The Department, acting under section 112 of the Mental Health Procedures Act (50 P.S. § 7112) and section 201(2) of the Mental Health and Intellectual Disability Act of 1966 (50 P.S. § 4201(2)) orders that:

(a) The regulations of the department, 55 Pa. Code Chapter 5100, are amended by amending §§ 5100.1, 5100.2, 5100.22, 5100.23, 5100.31—5100.34, 5100.36—5100.38, 5100.76, and 5100.92 to read as set forth in Annex A of this final-form rulemaking, with ellipses referring to the existing text of the regulation.

(b) The Secretary of the department shall submit this final-form rulemaking and Annex A to the Office of General Counsel and the Office of Attorney General for approval as to legality and form as required by law.

(c) The Secretary of the department shall certify and deposit this final-form rulemaking and Annex A with the Legislative Reference Bureau as required by law.

(d) The Secretary of the department shall submit this final-form rulemaking to IRRC, the Health and Human Services Committee of the Senate and the Human Services Committee of the House of Representatives as required by law.

(e) This final-form rulemaking shall take effect upon publication in the *Pennsylvania Bulletin.*

Annex A

TITLE 55. HUMAN SERVICES

PART VII. MENTAL HEALTH MANUAL

Subpart C. ADMINISTRATION AND FISCAL MANAGEMENT

CHAPTER 5100. MENTAL HEALTH PROCEDURES

GENERAL PROVISIONS

§ 5100.1. Legal base.

The legal base for this chapter is section 112 of the Mental Health Procedures Act (50 P.S. § 7112), section 201 of the Mental Health and **[Mental Retardation]** **Intellectual Disability** Act of 1966 (50 P.S. § 4201), and section 1021 of the **[Public Welfare]** **Human Services** Code (62 P.S. § 1021).

§ 5100.2. Definitions.

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

Act—The Mental Health Procedures Act (50 P.S. §§ 7101—7503).

Administrator—The person appointed to carry out the duties specified in section 305 of the Mental Health and **[Mental Retardation]** **Intellectual Disability** Act of 1966 (50 P.S. § 4305).

* * * * *

Director of treatment team—A physician or licensed clinical psychologist designated by the facility director to assure that each patient receives treatment under the act and this chapter and that the facility's treatment responsibility to the patient, as defined in this chapter, the Mental **[Health/Mental Retardation]** **Health and Intellectual Disability** Act of 1966 and the act, are

discharged. The director of the treatment team is responsible for implementing and reviewing the individualized treatment plan, for participating in the coordination of service delivery between other service providers, and for insuring that the unique skills and knowledge of each team member are utilized. The director of the treatment team is responsible for encouraging the person in treatment to become increasingly involved in decisions regarding the treatment planning process.

* * * * *

Mental Health and ***[Mental Retardation]*** ***Intellectual Disability*** *Act of 1966*—The act of October 20, 1966 (P.L. 96, **Special Sess.** No. 3) (50 P.S. §§ 4101—4704).

* * * * *

MENTAL HEALTH REVIEW OFFICER AND PROCEEDINGS

§ 5100.22. Consultation and education.

The administrator shall, in discharging his duties under the Mental Health and **[Mental Retardation]** **Intellectual Disability** Act of 1966, provide the court or mental health review officer with:

* * * * *

§ 5100.23. Written application, petitions, statements and certifications.

* * * * *

(f) Submission to county administrator:

(1) Except as set forth in paragraphs (2)—(5), Forms MH 781, 783, 784, 785, 786 and 787, shall be provided to the administrator under section 110 of the act (50 P.S. § 7110).

* * * * *

(5) Mental health facilities shall file **[such]** statistical reports of activities and services required by the act and the Mental Health and **[Mental Retardation]** **Intellectual Disability** Act of 1966 as the Department from time to time may require, so long as the data does not identify individual patients.

* * * * *

CONFIDENTIALITY OF MENTAL HEALTH RECORDS

§ 5100.31. Scope and policy.

(a) This chapter applies to records of persons seeking, receiving or having received mental health services from any facility as defined in section **[103]** **103.1** of the act (50 P.S. § **[7103]** **7103.1**).

(b) Persons seeking or receiving services from a mental health facility are entitled to do so with the expectation that information about them will be treated with respect and confidentiality by those providing services. Confidentiality between **service** providers **[of services]** and their **[clients]** **patients** is necessary to develop the trust and confidence important for therapeutic intervention. While full confidentiality cannot be guaranteed to everyone as a result of Federal and State **[statutes]** **laws** which require **and permit** disclosure of information for specific purposes, it remains incumbent upon service providers to inform each current **[client/patient]** **patient** of the specific limits upon confidentiality which affect **[his]** **the patient's** treatment when these limits become applicable. When facilities are required by Federal or State **[statutes]** **law** or by order of a court to release information regarding a discharged patient, a good faith effort shall be made to notify the person by certified mail to the last known address.

(c) As used in this chapter, "records" includes, but is not limited to, all written clinical information, observations and reports or fiscal documents, relating to a prospective, present or

past **[, client or]** patient, which are required or authorized to be prepared by the act or by the Mental Health and **[Mental Retardation]** **Intellectual Disability** Act of 1966. This includes any central file of **[client/patient]** **patient** records and reports which are required to be maintained by the Department's regulations or other **[statutes and regulations]** **Federal and State law** regarding service content for mental health programs. Every **[therapist]** **service provider** who reports objective findings must carefully consider the impact of placing in the records statements made privately in **[therapy]** **clinical** sessions.

* * * * *

(f) Records of a person receiving mental health services are the property of the **[hospital or]** **mental health** facility in which the person is **receiving** or has received services**. [The person who is or was receiving services shall exercise control over the release of information contained in his record except as limited by § 5100.32 (relating to nonconsensual release of information), and be provided with access to the records except to the limitations under § 5100.33 (relating to patient's access to records and control over release of records).]**

(g) **[The presence or absence of a person currently involuntarily committed at a mental health facility is not to be considered a record within the meaning of subsection (c) and such information may be released at the discretion of the director of a facility in response to legitimate inquiries from governmental agencies or when it is clearly in the patient's best interest to do so].{Reserved}.**

(h) **[No document which was a public record prior to the person's treatment shall become confidential by its inclusion in the facility's records].{Reserved}.**

(i) When information and observations regarding **[clients or]** patients are not made part of a record, there remains a duty and obligation for staff to respect the patient's privacy and confidentiality by acting ethically and responsibly in using or discussing **[such]** **this** information.

(j) To the extent that any requirements in this chapter conflict with Federal OR STATE law requiring or precluding disclosure of information, Federal AND STATE law will control.

§ 5100.32. Nonconsensual release of information.

(a) Records concerning persons receiving or having received treatment shall be kept confidential and shall not be released nor their content disclosed without the **[consent]** **written authorization** of a person given under § 5100.34 (relating to **[consensual]** **authorized** release to third parties), except that relevant portions or summaries may be released or copied as follows:

(1) To those actively engaged in treating the individual, or to persons at other facilities, including professional treatment staff of State Correctional Institutions and county prisons, when the person is being referred to that facility and a summary or portion of the record is necessary to provide for continuity of proper care and treatment.

(2) **[To third party payors, both those operated and financed in whole or in part by any governmental agency and their agents or intermediaries, or those who are identified as payor or copayor for services and who require information to verify that services were actually provided. Information to be released without consent or court order under this subsection is limited to the staff names, the dates, types and costs of therapies or services,**

and a short description of the general purpose of each treatment session or service].{Reserved}.

(3) To reviewers and inspectors, including the Joint Commission on the Accreditation of Hospitals **[(JCAH)]** and Commonwealth licensure or certification, when necessary to obtain certification as an eligible provider of services.

(4) To those participating in **[PRSO]** **Professional Standards Review Organization** or Utilization Reviews.

(5) To the **county** administrator, under **[his]** **the county administrator's** duties under applicable **[statutes and regulations]** **State law**.

(6) To a court or mental health review officer, in the course of legal proceedings authorized by the act or this chapter.

(7) In response to a court order, when production of the documents is ordered by a court under § 5100.35(b) (relating to release to courts).

(8) To appropriate Departmental personnel **under** § 5100.38 (relating to child or patient abuse).

(9) In response to an emergency medical situation when release of information is necessary to prevent serious risk of bodily harm or death. Only specific information pertinent to the relief of the emergency may be released on a nonconsensual basis.

(10) To parents or guardians and others **authorized to consent** when necessary to obtain **[consent]** **written authorization** to medical treatment.

(11) To attorneys assigned to represent the subject of a commitment hearing.

(a.1) Records may also be released to a covered entity or a covered entity's business associate, as defined under 45 CFR 160.103 (relating to definitions), that makes the use, disclosure or request for disclosure in accordance with 45 CFR Part 164 Subpart E (relating to privacy of individually identifiable health information).

(b) Current patients **[or clients]** or the parents of patients under the age of 14 shall be notified of the specific conditions under which information may be released without their consent.

(c) **[Information]** **Except for disclosures between those providing treatment to the patient, information** made available under this section shall be limited to that information relevant and necessary to the purpose for which the information is sought. The information may not, without the patient's consent, be released to additional persons or entities, or used for additional purposes. Requests for information and the action taken **[should]** **shall** be recorded in the patient's records.

§ 5100.33. Patient's access to records and control over release of records.

(a) **[When a client/patient, 14 years of age or older, understands the nature of documents to be released and the purpose of releasing them, he shall control release of his records. For a client who lacks this understanding, any person chosen by the patient may exercise this right if found by the director to be acting in the patient's best interest. In the event that the client/patient is deceased, control over release of records may be exercised by the client's/patient's chosen executor, administrator or other personal representative of his estate, or, if there is no chosen personal representative, by a person otherwise empowered by court order to exercise control over the records. In the event that the client/patient is less than 14 years of age or has been adjudicated legally incompetent, control over release of the client's/patient's records may be exercised by a parent or guardian of the client/patient**

respectively].~~{Reserved}.~~ MINOR CONSENT SHALL BE IN ACCORDANCE WITH THE ACT OF FEBRUARY 13, 1970 (P.L.19, NO.10) (35 P.S. §§ 10101-10105), REGARDING MINORS' CONSENT TO MEDICAL CARE.

(b) **[The term "access" when used in this section refers to physical examination of the record, but does not include nor imply physical possession of the records themselves or a copy thereof except as provided in this chapter].{Reserved}.**

(c) **[A person who has received or is receiving treatment may request access to his record, and shall be denied such access to limited portions of the record only:**

(1) Upon documentation by the treatment team leader, it is determined by the director that disclosure of specific information concerning treatment will constitute a substantial detriment to the patient's treatment.

(2) When disclosure of specific information will reveal the identity of persons or breach the trust or confidentiality of persons who have provided information upon an agreement to maintain their confidentiality].{Reserved}.

(d) **[A patient/client may obtain access to his records through the facility, or in the case of those records kept by the county administrator, through the physician or mental health professional designated by the administrator. Any third parties who are granted access to records may discuss this information with the patient only insofar as necessary to represent the patient/client in legal proceedings or other matters for which records have been released. Discussion of records with patients/clients should be part of the therapeutic process and is not to be undertaken by other than mental health professionals].{Reserved}.**

(e) **[The limitations in subsection (c) are applicable to parents, guardians, and others who may control access over records as described in subsection (a) except that the possibility of substantial detriment to the parent, guardian, or other person may also be considered].{Reserved}.**

(e.1) A patient's access to ~~and control over disclosure of~~ the PATIENT'S record and information contained therein shall be in accordance with THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (PUBLIC LAW 104-191, 100 STAT. 1936) (HIPAA) AND APPLICABLE REGULATIONS AT 45 CFR Parts 160 and 164 (relating to general administrative requirements; and security and privacy), INCLUDING SECTION 164.524 (RELATING TO ACCESS OF INDIVIDUALS TO PROTECTED HEALTH INFORMATION).

(e.2) DISCLOSURE OF A PATIENT'S RECORD AND INFORMATION CONTAINED THEREIN SHALL BE IN ACCORDANCE WITH HIPAA AND APPLICABLE REGULATIONS AT 45 CFR PARTS 160 AND 164 , INCLUDING SUBPART E (RELATING TO PRIVACY OF INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION) OF PART 164.

(f) If a person wishes to enter a written reaction qualifying or rebutting information in their records which they believe to be erroneous or misleading, they shall have the right to prepare **[such] this** statement for inclusion as part of their record. The patient's/client's written reaction shall accompany all released records.

(g) The director of the treatment team or the facility director may require that a mental health professional, who is a member of the treatment team, and who has reviewed the record in

advance, be present when the patient or other person examines the record to aid in the interpretation of documents in the record. If the records pertain to a former patient, an appropriate mental health professional may be designated by the facility director.

(h) Access to presentence reports, which may be part of the persons' records, is governed **by** Pa.R.Crim.P. **[No. 1404] 703** (relating to disclosure of **pre-sentence** reports), and the patient may have access to these records only upon order of the sentencing judge **or as otherwise required by law**. Any conditions of confidentiality imposed by the sentencing judge must be complied with. **[Similarily] Similarly**, parole and probation reports shall be released or access to them given only in accordance with 37 Pa. Code Part II (relating to ~~**Board of Probation and**~~ **THE PENNSYLVANIA** Parole **BOARD**) **or as otherwise required by law**.

(i) If a person is denied access to all or part of **[his] the person's** record, this fact and the basis for the denial shall be noted in the person's record.

(j) **[When records or information have been forwarded from one agency to another agency, the receiving agency may not refuse the client or patient access to the records received except in accordance with subsection (c).]** Records received from other agencies become part of the **[client/patient's] patient's** active record and are subject to the controls exercised over them by the **[client,]** patient**[,]** or those with authority over records as **[defined in § 5100.31 (relating to scope and policy)] set forth in this chapter**.

§ 5100.34. [Consensual] Authorized release to third parties.

(a) Access to records **[, as defined in § 5100.33(b) (relating to patient's access to records and control over release of records) will] not authorized for release under § 5100.32 (relating to nonconsensual release of information) may** be granted to persons other than the patient upon

written **[consent]** **authorization** of the **[client/patient. With the consent, copies of excerpts or a summary of a record may be provided to specific persons at the discretion of the director. If copies of excerpts or summaries are provided, a charge may be made against the patient or person receiving the record for the cost of making the copies. The facility may require payment for the copies in advance]** **patient or the patient's personal representative in accordance with THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (PUBLIC LAW 104-191, 100 STAT. 1936) (HIPAA) AND 45 CFR Part 164 Subpart E (relating to privacy of individually identifiable health information).**

(b) **[When a patient designates a third party as either a payor or copayor for mental health services, this designation carries with it his consent to release information to representatives of that payor, which is necessary to establish reimbursement eligibility. Unless otherwise consented to by the patient, information released to the third-party payors shall be limited to that necessary to establish the claims for which reimbursement is sought].{Reserved}.**

(c) **[Clients, patients, or other persons consenting to release of records are to be informed of their right, subject to § 5100.33 to inspect material to be released].{Reserved}.**

(d) **[When records are released or disclosed under § 5100.32 (relating to nonconsenual release of information) or subsections (a) and (b) the written or oral disclosure shall be accompanied by a written statement which reads as follows:**

"This information has been disclosed to you from records whose confidentiality is protected by State statute. State regulations limit your right to make any further disclosure

of this information without prior written consent of the person to whom it pertains."].{Reserved}.

(e) **[The limitation in subsection (d) does not prohibit the re-release of information in accordance with § 5100.32].{Reserved}.**

(f) **[Each facility shall prepare a form for use in the voluntary release of records which shall meet the following requirements]** **For voluntary disclosures that require written authorization, each facility shall use an authorization form that complies with ~~the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law 104-191, 110 Stat. 1936)~~ and other applicable Federal and State requirements and contains, at a minimum, the following:**

(1) **[A time limit on its validity which shows starting and ending dates].{Reserved}.**

(2) **[Identification of the agency or person to whom the records are to be released].{Reserved}.**

(3) **[A statement of the specific purposes for which the released records are to be used].{Reserved}.**

(4) **[A statement identifying the specific relevant and timely information to be released].{Reserved}.**

(5) **[A place for the signature of the client/patient or parent or guardian and the date, following a statement that the person understands the nature of his release].{Reserved}.**

(6) A place for the signature of a staff person **[obtaining]** **who witnesses** the consent of the **[client/patient or parent or guardian]** **patient or the patient's personal representative in accordance with 45 CFR Part 164 Subpart E** and the date.

(7) A place to record a verbal **[consent]** **authorization** to release of information given by a person physically unable to provide a signature and a place for the signatures of two responsible persons who witnessed that the person understood the nature of the release and freely gave **[his verbal consent]** **verbal authorization**.

(8) **[Indication that the consent is revocable at the written request of the person giving consent, or oral request as in paragraph (7)].{Reserved}.**

(g) A mental health facility receiving a request for information from a governmental agency may accept that agency's release of information form if **the form complies with HIPAA and other applicable Federal and State requirements and is** signed by the **[patient/client or the person legally responsible for the control of information]** **patient or the patient's personal representative** unless the patient has specifically expressed opposition to that agency receiving information.

§ 5100.36. Departmental access to records and data collection.

(a) Notwithstanding any part of this chapter to the contrary, **[employes]** **employees** of the Department shall not be denied access to any patient records where **[such]** **this** access is necessary and appropriate for the **[employe's]** **employee's** proper performance of **[his]** **the employee's** duties. The facility director **or designee** shall make **[such]** **this** decision and shall be responsible for limiting access to those portions which are relevant to the request.

(b) Any conflict as to access by an **[employe]** **employee** to patient records at State hospitals shall be resolved by **[the Regional Commissioner of Mental Health]** **a departmental designee**.

(c) Collection and analysis of clinical or statistical data by the Department, the administrator, or the facility for administrative or research purposes may be undertaken **[as]** **so** long as the report or paper prepared from the data does not identify any individual patient without **[his consent]** **the individual patient's written authorization**.

§ 5100.37. Records relating to drug and alcohol abuse or dependence.

Whenever information in a patient's records relates to drug or alcohol abuse or dependency, as defined in **section 2 of the Pennsylvania Drug and Alcohol Abuse Control Act** (71 P.S. § 1690.102), those specific portions of the patient's records are subject to the confidentiality provisions of section 8(c) of the Pennsylvania Drug and Alcohol Abuse Control Act (71 P.S. § 1690.108(c)) **[, and the regulations promulgated thereunder, 4 Pa. Code § 255.5 (relating to projects and coordinating bodies: disclosure of client-oriented information)]**.

§ 5100.38. Child or patient abuse.

Nothing in this chapter shall conflict with the mandatory statutory or regulatory requirements of reporting suspected or discovered child abuse or patient abuse. Whenever a conflict exists between the reporting requirements of **[the Child Protective Services Act (11 P.S. §§ 2201—2224),]** **23 Pa.C.S. Chapter 63 (relating to Child Protective Services Law)** and the confidentiality of mental health records, the reporting requirements shall govern.

VOLUNTARY TREATMENT

§ 5100.76. Notice of withdrawal.

* * * * *

(b) The person receiving a signed Form MH 781-F from a patient shall immediately examine the patient's record to determine whether the patient has previously agreed to remain in treatment for a specified period not to exceed 72 hours after having given written notice of intent to withdraw from **[involuntary]** **voluntary** treatment. If **[no such]** consent has **not** been given, the patient may immediately withdraw from treatment unless an application for emergency involuntary treatment is executed under section 302 of the act (50 P.S. § 7302)**[,]** and the patient is advised accordingly.

* * * * *

PERSONS CHARGED WITH A CRIME OR UNDER SENTENCE

* * * * *

§ 5100.92. Voluntary examination and treatment of a person charged with a crime or serving a sentence.

* * * * *

(r) Liability for treatment of an individual admitted to a State mental health facility shall be assessed pursuant to section 505 of the Mental **[Health/Mental Retardation]** **Health and Intellectual Disability** Act of 1966 (50 P.S. § 4505)**[, and section 408 of the act (50 P.S. § 7408)]**.

* * * * *

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES

September 14, 2026

Mr. David Sumner, Executive Director
Independent Regulatory Review Commission
555 Walnut Street, Suite 804
Harrisburg, Pennsylvania 17101

Dear Executive Director Sumner:

Enclosed is a final-form regulation that amends Chapter 5100 of Title 55 of the Pennsylvania Code. This regulation was published as proposed rulemaking at 55 Pa.B, 8235 (December 6, 2025).

The purpose of this final-form rulemaking is to amend Chapter 5100 (relating to Mental Health Procedures) to align with the amendments to the act made by Act 32 of 2022 and requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law No. 104-191, 110 Stat. 1936). Act 32 of 2022 requires the department to promulgate regulations reflecting changes made by Act 32 of 2022 to the act, which include: (1) the new definitions of “business associate” and “covered entity”; and (2) the addition of covered entities and their business associates to the list of entities to which the department may disclose confidential information.

This final-form regulation, which amends the ***Pennsylvania Code***, Title 55, amends Chapter 5100 (relating to Mental Health Procedures), is submitted for review pursuant to the Regulatory Review Act.

The Department of Human Services will provide the Commission with any assistance required to facilitate a thorough review of this proposal.

Sincerely,

Valerie A. Arkoosh, MD, MPH
Secretary

Enclosure

From:	Burnett, David
To:	Curley, Maeve
Cc:	Stein, Marianne; Fischer, Kendrick
Subject:	RE: DHS #14-558, Mental Health Procedures Final-form Rulemaking
Date:	Monday, September 14, 2026 9:05:29 AM
Attachments:	image001.jpg

Received, thanks Maeve.

Best regards,
-David

David Burnett
Counsel and Executive Director
Senate Health & Human Services Committee
Harrisburg, PA 17120

From: Curley, Maeve <macurley@pa.gov>
Sent: Monday, September 14, 2026 9:02 AM
To: Burnett, David <dburnett@pasen.gov>
Cc: Stein, Marianne <maristein@pa.gov>; Fischer, Kendrick <kendfische@pa.gov>
Subject: DHS #14-558, Mental Health Procedures Final-form Rulemaking
Importance: High

Good morning,

DHS is submitting Reg. No. 14-558, Mental Health Procedures (Final-form rulemaking) to the Senate Health and Human Services Committee and the House Human Services Committee.

Please provide written (email) confirmation that this rulemaking was received by the Committee chair's office.

Best,
Maeve

Maeve Curley
Pronouns: She/Her
Regulatory Coordinator
PA Department of Human Services | Office of Policy Development
macurley@pa.gov
https://www.dhs.pa.gov

RECEIVED
Independent Regulatory Review Commission
September 14, 2026

From: Freeman, Clarissa
To: Curley, Maeve
Subject: RE: DHS #14-558, Mental Health Procedures Final-form Rulemaking
Date: Monday, September 14, 2026 9:21:43 AM
Attachments: image001.jpg

Received.
Thank you,

Clarissa L. Freeman
Deputy Chief Counsel | Senate Democratic Caucus
Executive Director-Health and Human Services Committee
717-783-1220

From: Curley, Maeve <macurley@pa.gov>
Sent: Monday, September 14, 2026 9:02 AM
To: Freeman, Clarissa <clarissa.freeman@pasenate.com>
Cc: Stein, Marianne <maristein@pa.gov>; Fischer, Kendrick <kendfische@pa.gov>
Subject: DHS #14-558, Mental Health Procedures Final-form Rulemaking
Importance: High

¦ EXTERNAL EMAIL ¦

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Please provide written (email) confirmation that this rulemaking was received by the Committee chair's office.

Best,
Maeve

Maeve Curley
Pronouns: She/Her
Regulatory Coordinator
PA Department of Human Services | Office of Policy Development
macurley@pa.gov
https://www.dhs.pa.gov

RECEIVED
Independent Regulatory Review Commission
September 14, 2026

From: Annmarie Robey
To: Curley, Maeve
Cc: Stein, Marianne; Fischer, Kendrick; Olivia Riek; Morgan Witmer
Subject: FW: [EXTERNAL]: DHS #14-558, Mental Health Procedures Final-form Rulemaking
Date: Monday, September 14, 2026 9:09:05 AM
Attachments: image001.jpg
14-558 - Rep. Heffley.pdf
Importance: High

Good morning:

I am acknowledging that Regulation 14-558 was received today. Annmarie Robey

Annmarie K Robey
Executive Director/Legal Counsel (R)
Pennsylvania House of Representatives
House Human Services Committee
(p): 717-772-9842

From: Curley, Maeve <macurley@pa.gov>
Sent: Monday, September 14, 2026 9:02 AM
To: Annmarie Robey <Arobey@pahousegop.com>
Cc: Stein, Marianne <maristein@pa.gov>; Fischer, Kendrick <kendfische@pa.gov>
Subject: [EXTERNAL]: DHS #14-558, Mental Health Procedures Final-form Rulemaking
Importance: High

Good morning,

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Please provide written (email) confirmation that this rulemaking was received by the Committee chair's office.

Best,
Maeve

Maeve Curley
Pronouns: She/Her
Regulatory Coordinator
PA Department of Human Services | Office of Policy Development
macurley@pa.gov
https://www.dhs.pa.gov

From: Lindberg, Dylan P.
To: Curley, Maeve
Cc: Stein, Marianne; Fischer, Kendrick
Subject: RE: DHS #14-558, Mental Health Procedures Final-form Rulemaking
Date: Monday, September 14, 2026 9:09:31 AM
Attachments: image001.jpg

Received. Thank you.

Dylan Lindberg
Executive Director | Human Services Committee
House Democratic Caucus
Chair, Rep. Dan Williams
717-705-1925 (ext. 6240)

From: Curley, Maeve <macurley@pa.gov>
Sent: Monday, September 14, 2026 9:02 AM
To: Lindberg, Dylan P. <DLindberg@pahouse.net>
Cc: Stein, Marianne <maristein@pa.gov>; Fischer, Kendrick <kendfische@pa.gov>
Subject: DHS #14-558, Mental Health Procedures Final-form Rulemaking
Importance: High

Good morning,

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Best,
Maeve

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