

US House Committee on Energy and Commerce

Subcommittee on Oversight and Investigations

Hearing “Examining Concerns of Patient Brokering and Addiction Treatment Fraud”

Testimony of

Douglas Tieman, President & CEO of Caron Treatment Centers

December 12, 2017

Summary

1. It is a privilege to be a trusted and integral part of a person's recovery from addiction. Most providers in the behavioral health and substance use disorder treatment sector take this responsibility seriously, and are fully invested in and dedicated to the recovery of our patients and their families. However, the state of the treatment sector today is disconcerting, as profiteering begins to outweigh this sacred trust of families in crisis.
2. Regulations for substance use treatment providers vary state by state – and in some states regulations are virtually non-existent. This lack of regulation and standards within the sector makes it hard for families and individuals to identify quality treatment programs, and creates a fertile environment for deceptive business practices, fraud, patient neglect and, ultimately, treatment malpractice.
3. As substance use disorder treatment providers, we have a responsibility to act in the best interest of patients and families to prevent any abuse. Our health care sector is developing quality controls for providers to identify and address ethical abuses including: Patient Brokering, Predatory Web Practices, Urinalysis Abuse, Up-charging and Overutilization, Bait & Switch Out of Network Schemes, Kickbacks, Clinical Misrepresentations, and Paid Call Center/Directory/Call Aggregation.
4. Indicators of excellence in substance use disorder treatment include Accreditation, Qualified Clinicians, Evidence-Based Treatment, a Full Continuum of Care from initial assessment through recovery support services, and Sound and Ethical Business Practices.
5. Initial Screening, Comprehensive Assessment, Withdrawal Management, Treatment Planning and Management, Treatment Transitions, and Comprehensive Continuing Care are all elements of essential standards of the addiction treatment continuum.
6. Substance use disorder patients have the right to the same quality of care that is provided for other chronic diseases and recovery maintenance.

Opening

Chairman Gregg Harper, Congresswoman Diana DeGette, members of the committee, I appreciate the opportunity to testify before you on the important matter of patient brokering and addiction treatment fraud.

Today in America, one in three households live with addiction as part of their families. The clinical term for addiction is substance use disorder (SUD) – a chronic, treatable disease affecting the brain that is fatal when left untreated or under-treated. Yet, less than 11% of the nearly 22 million Americans who meet the criteria for a SUDs receive the specialized treatment they need to live in recovery.ⁱ The sad fact is, our health care systems, insurance providers, communities, schools and work places are ill prepared to deal with the scope of this disease, especially with the mounting issues associated with the opioid epidemic. In addition, the stigma surrounding this disease and the continued prejudice towards persons who suffer from SUDs and their families acts as barriers to making informed decisions about treatment and successfully connecting them with the ongoing care they need to live full, productive lives.ⁱⁱ We know that the treatment and management of SUDs works because of the more than 23 million Americans living in recovery today.ⁱⁱⁱ

With 60 years of experience in the addiction treatment sector, Caron Treatment Centers knows that quality treatment works. Caron has provided the care needed to help thousands of patients and their families begin lifelong recovery. Although there is a woeful lack of addiction treatment outcome studies, Caron has been a leader in developing research to generate and implement evidence-based programs. As a non-profit treatment provider, Caron is not bound by investor or profit motives. This frees us to invest in treatment, research, prevention, and charity care, all in the best interest of the patient. With our focus on patient-centered care, treatment protocols, outcome measures, and research, Caron has helped set the standard of care for quality treatment.

It is a privilege to be a trusted and integral part of a person's recovery from addiction. Most providers in the behavioral health and addiction treatment sector take this responsibility seriously, and are fully invested in and dedicated to the recovery of our patients and their families. However, the state of the treatment sector today is disconcerting, as profiteering begins to outweigh this sacred trust of families in crisis.

Background

As the nation's addiction and overdose crisis has escalated, we have seen a rapid increase in profit-driven rather than patient-focused care. While every organization, whether for-profit or not-for-profit, must be in a solid financial position to offer its services effectively, all of us are medical providers treating a disease. Increasingly, this focus on revenue and profit has led to poor or inappropriate treatment for individuals and their families. Someone suffering from an SUD should have the same opportunity for high quality, evidence-based health care that is routinely offered for other chronic diseases such as heart disease and diabetes. We should never lose sight of that – quality of care comes first.

Furthermore, the combined storm of the opioid crisis, the increase of private equity dollars in SUD treatment providers (i.e. \$2.9 billion in 2016^{iv}), and the accessibility of treatment through the Affordable Care Act has been accompanied by an increase in unethical practices across the continuum of addiction treatment. I am deeply troubled when I see facilities cutting corners in treatment and pushing ethical boundaries in marketing and sales practices.

Regulations for addiction treatment providers vary state by state – and in some states regulations are virtually non-existent. This lack of regulation and standards within the sector makes it hard for families and individuals to identify quality treatment programs, and creates a fertile environment for deceptive business practices, fraud, patient neglect and, ultimately, treatment malpractice.

It can be difficult to make the distinction between ethical and unethical treatment centers when looking from the outside. This is especially true for those seeking treatment for the first time and are in a state of crisis or desperation. Many turn to the internet to find a treatment center. Instead of finding accurate and thorough information about their disease and treatment, they are often inundated by call aggregators who take advantage of their desperation, sometimes with tragic results. Call aggregators are essentially collecting leads for treatment centers who are willing to pay a price for every generated lead. These aggregators may prescreen potential patients for insurance coverage and location placement and then ultimately sell the patient's information to the highest bidder.^v Call aggregators are not referring patients based on their individual medical needs, but on their insurance plans.

In addition, addiction treatment centers are competing for the more than \$36 billion that will be spent on SUDs in 2017^{vi}, leading to increasingly aggressive marketing efforts. These include emphasizing the amenities available to patients, rather than the clinical modalities and quality of care provided, and thereby doing a disservice to the public. Features such as proximity to the beach, sheet thread counts, and a spa environment, while nice, have little to do with appropriately credentialed staff, verified research, access to medications, course of care, and treatment outcomes. Many individuals and families seeking treatment are left with the question: Is this health care or a vacation time share?

As a treatment provider, we understand how difficult it is for patients and their families to find and receive the care they need. From overcoming issues of stigma and denial, to lack of understanding about the medical aspects of this disease, to restrictions based on location and lack of resources, patients and families have many barriers to overcome when seeking treatment. As a sector, we need to do a better job for patients and their families.

Defining the Problem

Beyond our individual efforts, Caron has partnered with other like-minded reputable treatment centers to begin to address the unethical and illegal practices within our sector. Caron has worked diligently with other treatment providers to help draft and support the National Association of Treatment Providers (NAATP) Quality Control Initiative. This program identified and seeks to address the following specific ethics abuses^{vii}:

- **Patient Brokering** – An illegal act where a patient, or a lead relating to a prospective patient, is traded to a treatment provider in exchange for money and/or perks. In some cases, a “broker” will approach a provider with a lead on a prospective patient, soliciting a kickback in exchange; in other cases, a program or sober home will recruit a third party to send patients to their facility in return for a kickback or fee.
- **Predatory Web Practices** – Manipulation of websites or online search results designed to deceive prospective patients and families, or to obscure the source of treatment advice provided. This can take the form of hijacking Google search results for specific treatment provider names or by utilizing complex corporate ownership trails to obscure relationships between online treatment referral sources and the providers owned by the same parent company. This may be done by changing, disguising, or hiding the phone number associated with a specific provider to that of a competing provider or call aggregator with the intent of redirecting prospective patients.
- **Urinalysis Abuse** – A form of insurance fraud in which a treatment provider or recovery residence performs unnecessary urinalysis tests on patients. The provider then bills the patient’s or the patient’s family’s insurance plan for the tests.
- **Up-charging and Overutilization** – Any form of fraudulent servicing that manipulates the fee-for-service model to perform excessive or unnecessary services to increase the amounts billed to patients or insurance providers.

- **Disguised “Treatment” Billing** – A bill-packing scheme using deliberately unusual or unclear terms on billing forms to describe unnecessary or excessive charges with the intent to obfuscate or reduce billing transparency.
- **Bait & Switch Out of Network Schemes** – A scheme where a provider may advertise or report to potential patients that it accepts certain insurance coverage plans and confirms that treatment will be regarded as in-network while deliberately obscuring certain complications that may lead to a patient choosing to seek addiction treatment elsewhere. In some cases, individual doctors contracted to see patients at a given facility may be “out-of-network,” even when the facility itself is in-network. In other cases, patients may find a treatment facility on their insurer’s list of in-network facilities, but are told by the provider themselves (often after the billing process is complete) that they do not accept the specific form of insurance program the patient carries, resulting in a bill that includes non-negotiated rates.
- **Kickbacks** – An illicit remediation of money or perks provided in exchange for a patient referral, often via patient brokering.
- **Clinical Misrepresentations** – Descriptions of medical services that do not match the capabilities of the facility or present the services offered inaccurately.
- **Paid Call Center/Directory/Call Aggregation** – A potentially predatory web practice where a highly efficient search engine optimization (SEO) website is established by an organization owned by the parent company of multiple treatment centers. These sites often advertise “free consultations” that can help place a prospective patient at a treatment facility with available beds. In reality, prospective patients or families may end up reaching call centers that only search the facilities owned by the parent company, and cannot guarantee a good geographic or clinical fit for the patient. Additionally, the free consultations offered may be conducted by call center staff who are not clinically trained to assess a potential patient’s appropriate treatment level of care.

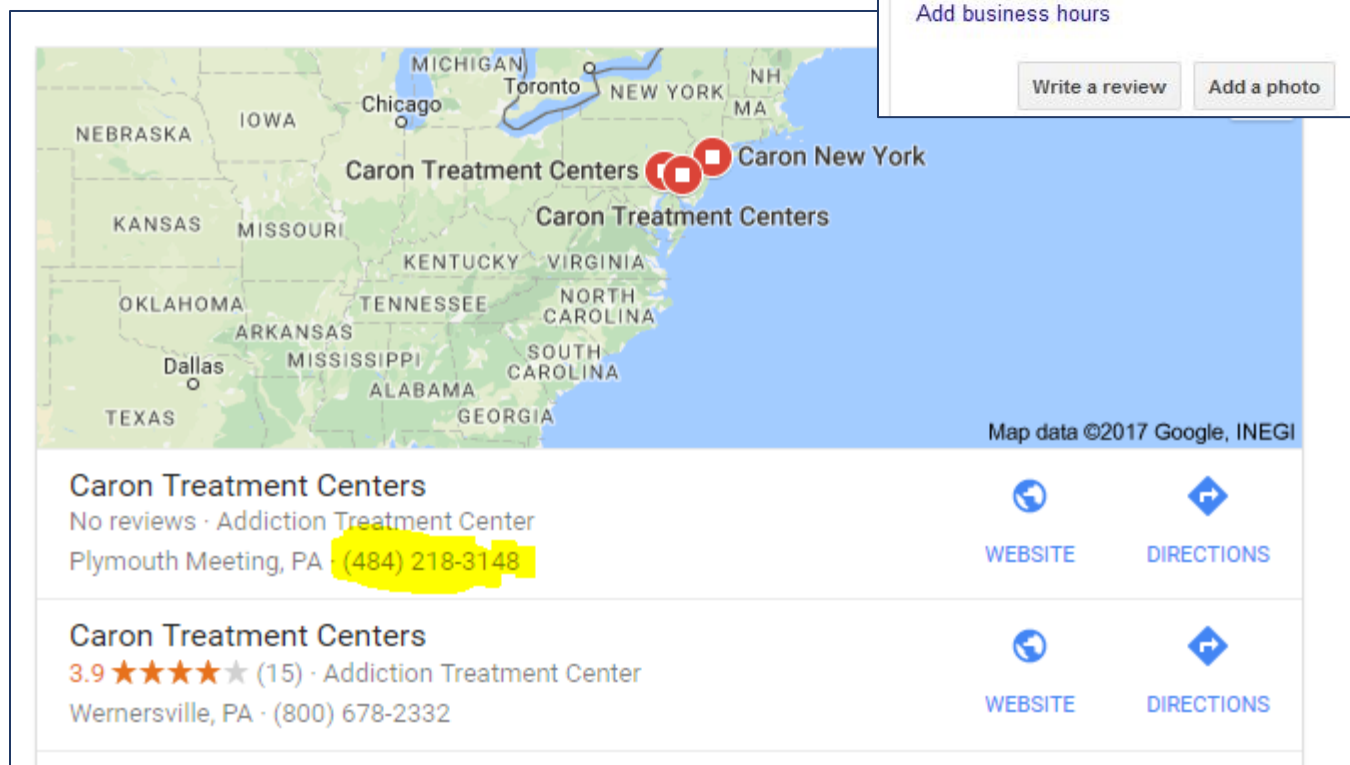
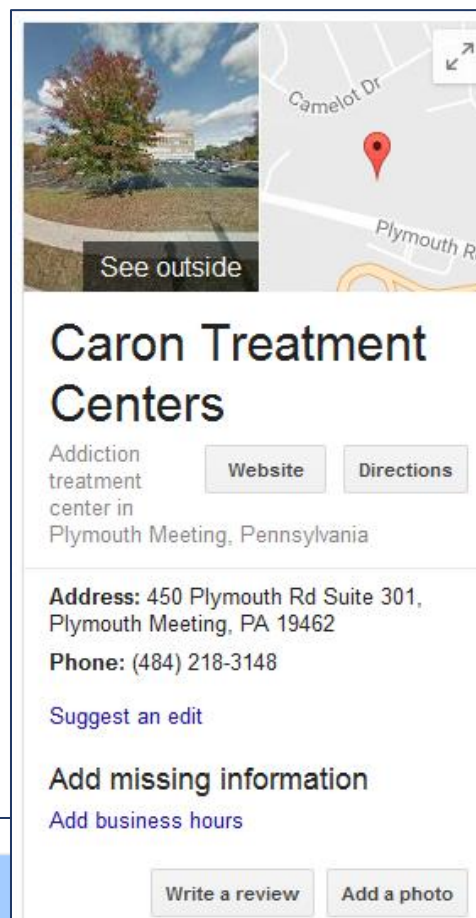
To put this in context and to demonstrate how pervasive these problems are, it is important to note that unethical marketers have taken advantage of Caron, as well. Caron's name, built on innovative, evidence-based addiction treatment, research, and prevention practices for 60 years, has been used to lure unsuspecting individuals to other websites where someone seeking treatment is provided phone numbers not affiliated with Caron Treatment Centers. We learned of these issues through individual reporting directly to Caron facilities and by our own diligent efforts to search and report inconsistencies found online.

The Internet is a source of information and referrals for Caron. For Caron's FY17, Caron.org and CaronOceanDrive.org, Caron's two owned and managed websites, averaged nearly 105,000 visits per month, along with an average of 1,150 online live chats and over 2,500 inbound calls per month.

While Caron does utilize and internally manage web-based marketing, we have refused solicitations from call aggregators to engage their services. Unfortunately, it is impossible to know how many individuals and families thought they were contacting Caron, only to be misdirected to another facility due to false and unethical online marketing.

Piracy of Caron Philadelphia

This is a screen shot of when Caron's Google local listing for our Philadelphia Regional Office was "hijacked". Another entity claimed Caron's listing, changed the phone number, and calls were routed to an unknown call center that turned out to be a lead aggregator. We were unable to determine the call center name or what entity changed the number, but Caron was able to switch the number back. The screen shot below highlights the non-Caron number that was included with the correct Caron Philadelphia location information.



Piracy of Caron New York

Please note in the image in this instance that there are three different phone numbers in this screen shot that was sent to Caron's leadership from our Caron New York office on 11/09/2017. None of the phone numbers included in the listing are affiliated with Caron Treatment Centers. Melissa Gettler, VP of Marketing at Caron, called the number pictured in the middle. The person who answered told Ms. Gettler that they work for or with DrugRehabs.org.



Caron did not set up the directory, nor did we request to be included in it. Caron was advised by our search engine optimization (SEO) partner that this is a byproduct of "lead aggregators". He shared with Caron that, "Sites like this are like my arch enemy. They basically take every recovery facility listed in the US and create profiles for them, but their main intent is to get people to call the number listed (which isn't the number to the facility listed, it's a call aggregator). I have tried contacting sites like these for another treatment provider in the past to get info either removed or even just edited and have had absolutely no luck (not even a response)."

As Caron prepared to provide this testimony today, we came across more distressing examples. In what appears to be a [HUD-related](#) recovery housing policy brief, [recovery.org](#) is listed among the resources. The brief was found at: <https://www.hudexchange.info/>

[resources/documents/ Recovery-Housing-Policy-Brief.pdf](https://www.hudexchange.info/resources/documents/Recovery-Housing-Policy-Brief.pdf) by following a link from here: <https://www.hudexchange.info/resources/documents/Recovery-Housing-Policy-Brief.pdf>.

When followed, the link from the resource page of the policy briefing leads to a page on the [recovery.org](https://www.recovery.org) website. From there, we entered “Caron” in the website’s search bar and found several listings for

HUD and the U.S. Interagency Council on Homelessness also intend to provide more guidance regarding the alignment of *Recovery Housing* programs within communities’ overall approach, strategies, and systems for addressing substance use.

VII. Resources

- Substance Abuse and Mental Health Services Administration: www.samhsa.gov/ (see Recovery and Recovery Support and Bringing Recovery Supports to Scale Technical Assistance Center Strategy)
- Recovery.org: www.recovery.org/topics/recovery-homes/
- National Alliance for Recovery Residences: www.naronline.org
- CSH: Substance Use and Housing National Leadership Forum Convening Report: www.csh.org/resources/substance-use-and-housing-national-leadership-forum-convening-report/#sthash.LFSMh5B4.dpuf
- World Health Organization Quality of Life Measures: www.who.int/mental_health/publications/whoqol/en/

Caron, prominently including phone numbers that do not connect callers to Caron. It is important to note that the [recovery.org](https://www.recovery.org) website is owned by a treatment center not affiliated with Caron.

In addition to the issues of call aggregation, in many cases patients are not receiving the care they desperately need. In some cases, treatment centers are ill-equipped to address a patient’s specific clinical and medical needs. Sometimes patients and their payers are charged for unnecessary diagnostic and medical services. In other instances, unethical treatment providers and sober homes may collude to bill for services that were never actually provided. We have a strong partnership with Independence Blue Cross of Philadelphia (IBC) and have been working together on different ways to address this crisis. IBC notes that in many instances their investigations have found brokers working with sober homes to enroll patients with SUDs in Affordable Care Act (ACA) exchange plans using false information to ensure a higher reimbursement than they might otherwise receive under government programs. Specifically, in IBC’s comments to the Centers for Medicare and Medicaid Services (CMS) this year, IBC highlighted a scheme of financially linked non-profits making premiums payments

on behalf of 86 individuals who were not eligible for their coverage (lived outside the coverage area). In some cases, premium payments were made with prepaid debit cards to hide the identity of who is paying for them. A special investigation by STAT and the Boston Globe reported, “The fraud is now so commonplace that brokers use a simple play on words to describe how it works: “Do you want to Blue Cross the country?”^{viii}

Working in the Solution

An individual or family in crisis should not have to guess and hope that the information they find on the internet is correct. As an addiction treatment provider, Caron believes we have a responsibility to act in the best interest of patients and families to prevent any abuse. If the addiction treatment sector wants to be recognized as a legitimate field in today’s health care, then we need to act like one. Caron is working with other leading treatment providers to define a standard of ethics and outcomes that will help families in distress determine which providers are acting in good faith. In [*Defining a Center of Excellence: An Addiction Treatment Model*](#), a white paper co-authored by Caron Treatment Centers and Hazelden Betty Ford Foundation, the criteria necessary to deliver quality addiction treatment include:^{ix}

- **Accreditation** – It is important to maintain state licensure and accreditation from national regulatory organizations such as the Joint Commission (JCAHO) or the Commission on Accreditation of Rehabilitation Facilities (CARF), to meet rigorous standards for quality care, organizational performance, and meet these expectations at the highest standard of care.
- **Qualified Clinicians** – Well-trained and accredited therapists, psychologists, psychiatrists, and physicians, all with the appropriate degrees and licensure, are critical to providing quality care and should be on staff at treatment centers.
- **Evidence-Based Treatment** – Behavioral therapies are shown to be effective in addressing SUDs, including Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), among others.

- **Care for Co-Occurring Disorders** – Psychologist, psychiatrists, and physicians should be part of the patient’s treatment team.
- **Full Continuum of Care** – Patients require a full range of services from treatment providers, including the ability to assess, treat, and provide recovery support services.
- **Sound and Ethical Business Practices** - Marketing, advertising, and promotional activities should be ethical, truthful, and legal. This applies to billing and insurance practices, as well.

In addition, Caron suggests that treatment centers provide verifiable outcomes, making this information available to all prospective patients and their families.

The Caron Patient’s Bill of Rights

A patient’s journey to recovery is not easy. It is complicated by a health care model that is broken. As a chronic disease, addiction has periods of remission and relapse, marked by acute episodes. Treatment for SUDs typically begins with an acute onset or episode of symptoms, resulting in an emergent event that could include a visit to the emergency room. That patient may then be sent for medically-managed withdrawal, more commonly referred to as “detox”. In most cases, a patient will be released from detox without proper evaluation, diagnosis or treatment for addiction and other co-occurring disorders. This insufficient and inadequate treatment typically results in a relapse of symptoms, another emergency room visit and, even death.

An outline of what we can and should expect from the appropriate treatment of addiction for individuals with SUDs can serve as a benchmark for physicians, payers, policymakers, patients and their families alike as they seek to provide, pay for, regulate, and receive the highest quality care.^x Based on feedback from Caron’s team of clinical experts, as well as information from other sources, Caron recommends the following elements be implemented as a guide to the essential standards of the addiction treatment continuum:^{xi}

1. **Initial screening** to gather information,
2. **Comprehensive assessment** to create a patient-centered treatment plan,
3. **Withdrawal Management** to medically supervise detoxification to manage symptoms and stabilize overall health,
4. **Treatment Planning and Management** to review and modify treatment to build a solid foundation for recovery,
5. **Treatment Transitions** to provide support during changing levels of care, and
6. **Comprehensive Continuing Care** to sustain recovery and provide the tools necessary to maintain it.

Receiving treatment for an adequate period of time is critical. Research indicates that most addicted individuals need at least 3 months in treatment and that continuing care is an essential part of ongoing recovery.^{xii} As with other chronic illnesses, recovery from addiction is a long-term process and may require multiple episodes of treatment.

To achieve this patient experience, patients and their families need to be informed about and understand the level of care and quality of treatment they have the right to receive. Consequently, Caron has developed a Patient's Bill of Rights that we encourage all serious addiction treatment providers to immediately adopt.

The Caron [Patient's Bill of Rights](#) states:^{xiii}

- Patients have the right to be treated with the honesty, dignity, and respect that any person with a life-threatening, chronic illness should be afforded.
- Patients have the right to know what to expect from treatment including:
 - Involvement in the development of their treatment plan,
 - How the treatment is measured and evaluated, and

- The expected outcomes of that treatment.
- Patients have the right to be treated by physicians, psychiatrists, psychologists and other licensed and/or certified professionals as needed throughout their continuum of care.
- Patients have the right to receive researched and evidence-based treatment on demand.
- Patients have the right to be treated for co-occurring behavioral health conditions simultaneously.
- Patients have the right to an individualized, outcomes-driven treatment plan that includes:
 - Complete medical evaluation and biopsychosocial assessment to determine level of care,
 - Medically-managed detoxification,
 - Intensive counselling including of medically- or clinically-appropriate inpatient and/or outpatient therapy, including appropriate lengths of stay and therapeutic sessions,
 - Medications,
 - Ongoing aftercare and recovery support services, and
 - Relapse prevention, intervention and management.
- Patients have a right to have access to treatment for their families and loved ones.
- Patients have the right to be treated in a setting that is safe and committed to ethical practices.

Access to Medications to Treat Substance Use Disorders

Addiction is chronic disease and all tools, including medications, should be considered for treatment.

Medication-Assisted Therapy (MAT) is medication to treat and manage SUDs. At Caron, we are committed to removing obstacles that obstruct access to one's sustainable and progressive recovery journey. To that end, Caron utilizes evidence-based principles to guide addiction treatment.

Given the prescription opioid and heroin epidemic we are currently facing as a society, Caron understands and endorses the utilization of MAT as another important tool in treating this chronic, progressive, and potentially fatal disease.

Whether a treatment facility or licensed prescriber chooses MAT in the form of Methadone, Buprenorphine (e.g., Suboxone), or injectable Naltrexone Extended Release (Vivitrol) to address opioid use disorders, it is important to stress that medication alone is not a panacea. Medication must be used as a supportive tool and managed by a qualified health care professional in collaboration with treatment specialists as part of a comprehensive therapeutic program.

At Caron, we utilize a multi-disciplinary approach to address the co-occurring disorders often found with substance use. This extensive approach also incorporates various treatment modalities, such as Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT), as well as utilizing psychological testing, medical evaluations and 12-Step integration. Therefore, it is imperative that health care professionals not lose sight of the clinical protocols needed for patients to succeed. In other words, it's essential to ensure that MAT is only one facet of a comprehensive treatment and recovery plan.

Of the available FDA-approved MAT strategies, Caron utilizes Naltrexone Extended Release (XR) or Buprenorphine maintenance. Through a diligent and thoughtful process, Caron's medical and clinical professionals chose Naltrexone XR as a primary choice because it is a non-mood altering opioid receptor antagonist with no euphoric effect, no withdrawal syndrome and no abuse or overdose potential. It is administered as a monthly injection, thus, increasing compliance. Additionally, if a patient relapses on heroin or opioid prescription medications while taking Naltrexone XR, he or she would not be in imminent danger of respiratory arrest.

We have an ever-growing referral database for addiction medicine specialists who will continue administering Naltrexone XR after discharge from Caron. If Naltrexone XR is not the right choice for the patient, we begin Buprenorphine maintenance and refer to an addiction medicine specialist in the outpatient setting to continue Buprenorphine MAT.

It's important to understand that if you administer Methadone, Buprenorphine or Naltrexone XR in the face of active heroin or other opioid use, you will precipitate withdrawal and the need for medical management. We need to give doctors and patients choices for MAT, because no one solution is best for all.

From day one, Caron's medical professionals begin the conversation with our patients about cravings and relapse risks, and continue to address these issues throughout our patients' episode of care. We educate all patients about the disease concept of addiction and the importance of implementing evidence-based practices to sustain a meaningful and healthy recovery.^{xiv}

Continuum of Care to Support Recovery

Because addiction is a chronic disease, treatment does not end when a patient leaves an inpatient or outpatient provider. To fully support recovery maintenance, a long-term management plan must be in place for each patient. This includes accessibility to MAT, if appropriate, continued counselling and, in some cases, longer lengths of care including extended care programs, structured sober living, and sober living as defined below:

- Extended Care Programs are an opportunity to live in a drug-free, healthy environment with staff and in-house recovery meetings. This type of housing often includes ongoing treatment and additional structure.

- Structured Sober Living is similar to Extended Care Programs, but with less intensive programming and treatment with a residence-related outpatient counselor off-site. Residents can work or go to school, and may stay for three to six months, sometimes up to a year.
- Sober Living offers very little structure in a recovery supportive environment. Some community recreation and house meetings may be available. Any additional treatment or therapy is found outside of the residence and from various providers.

At Caron, a patient's treatment team makes sure everyone who completes treatment at a Caron facility has a support system in place, an accountability plan established, and the necessary tools needed to maintain recovery for life. Family members also receive a continuing care plan to support their own recovery.

Caron considers several factors when vetting transitional living arrangements prior to referring our patients:

- Are the staff and leadership of the recovery residence clinically aligned with Caron's treatment and MAT philosophies? It is of the utmost importance that the residence will follow and support Caron's recommendations for patients leaving inpatient treatment.
- Is the recovery residence affiliated with a strong outpatient treatment provider?
- Does the recovery residence collaborate with an appropriately credentialed psychologist and psychiatrist when applicable?
- Partnering with the right recovery residences means Caron will be advised about the progress of our former patients and that the safety net of returning to treatment is available should an individual need stabilization or a more structured level of care to ensure ongoing recovery.

Caron believes in visiting sober living facilities and inviting their staff to visit our treatment facilities, as well:

- We ask questions about their programming and educate them about Caron's as part of finding the right fit for our patients.
- When Caron staff visits recovery residences, we ensure the physical environment is safe, nurturing, and embracing of alcohol- and drug-free living, including the surrounding area or neighborhood.
- Caron also explores the surrounding recovery community for support, such as 12-Step meetings, job networking opportunities, and other quality of life encouraging factors to help Caron's post-treatment patients build or rebuild their lives.

Recovery residences that meet these terms for Caron tend to develop a proven track record among our former patients, and we are often pleased to find them supporting each other in ongoing recovery in these communities.

In Conclusion

In the midst of an addiction and overdose death public health emergency projected to claim 64,000 lives this year due to drug use and likely 88,000 more as result of excessive alcohol use,^{xv} it is unconscionable that some in this health care sector continue to take advantage of individuals and families in crisis. While no single type of treatment for substance abuse is appropriate for everyone, the lack of standards in our sector makes it difficult for patients and families to know what good treatment looks like and how to find it. Matching interventions, treatment settings, and services to a patient's particular diagnosis and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.^{xvi}

A model strategy to consider as we address our nation's SUD public health crisis is the 90-90-90 treatment target plan of the United Nations Programme on HIV/AIDS (UNAIDS). There is indisputable evidence regarding the

remarkable success over the past two decades in reducing HIV associated morbidity, mortality, transmission, stigma and improving the quality of life of people living with HIV. However, a high rate of new infections continues to fuel the HIV epidemic.^{xvii} The target of the 90-90-90 strategy is that by 2020:

- 90% of people who are living with HIV will be screened and diagnosed.
- 90% of all people who are diagnosed will be appropriately treated.
- 90% of those who are treated will have viral suppression, meaning the amount of virus in an HIV-positive person's blood is reduced to an undetectable level.

UNAIDS emphasizes that the only way to achieve this ambitious target is through approaches grounded in principles of human rights, mutual respect and inclusion, and *it will be impossible to end the epidemic without bringing HIV treatment to all who need it.*^{xviii}

To end this addiction crisis, the SUD treatment health care model needs to be fixed. If our country hopes to end the addiction and overdose public health emergency, first, we must reduce the stigma surrounding the diagnosis of chronic SUDs. Second, we must ensure that SUD screening is routinely performed, similar to regular height, weight, and blood pressure checks. Plus, it is imperative that these screenings be completed by clinically or medically trained experts, not by internet marketers or call center operators. With improved screening, the chances for referrals to appropriate levels of care and treatment improves. Third, the addiction health care model requires a system that funds all levels of treatment to ensure access for all who need it, supported by the enforcement of penalties to prevent fraudulent billing. Lastly, we must certify evidence-based treatment standard practices and outcomes, and treatment providers to safeguard that individuals and families seeking SUD care are receiving the medical attention needed to manage recovery of this chronic disease. In other words, we must approach and inform SUD treatment as we would any other public health epidemic. We need to fix the system that we are all here to provide testimony on today. A system that is currently taken advantage of to

provide fraudulent, deceptive, and misleading addiction information and treatment to lure people who are in crisis into facilities that are not concerned about recovery for life.

Evidence-based, quality treatment is available and millions of Americans live in recovery through effective chronic disease management. According to the National Institute on Drug Abuse (NIDA), there are more deaths, illness, and disabilities from substance use than from any other preventable health condition.^{xix} Caron stands with other treatment providers in support of the efforts of NAATP, the American Society of Addiction Medicine (ASAM), IBC, advocacy groups, and patients and their loved ones to identify and address the ethics abuses plaguing our sector of health care. Despite, or because of, Caron's history, innovative experience, knowledge, resources, ethical standards, research, and leadership, we have not escaped becoming a target of unethical marketing practices. As an SUD treatment provider, Caron believes we have a responsibility to act in the best interest of all patients, families, and ethical treatment providers to take steps to prevent further abuses in our sector.

In addition to the Caron Patient's Bill of Rights and Center of Excellence Addiction Treatment Model, we propose educating the treatment industry sector to implement a consistent ethical perspective to define ethical treatment and marketing practices. Caron recommends educating the public about addiction as a chronic disease, patients' rights, and what to look for in an SUD treatment center. We support transparency of relationships between providers and call aggregators, as well as enforcement of existing state and federal penalties for deceptive marketing, kickbacks, and patient referral practices. We strongly encourage bringing an end to patient brokering and human trafficking under the guise of SUD treatment and recovery housing with enforcement of heavy penalties. We encourage the passage of necessary state and/or federal regulations to make it illegal to knowingly provide false or misleading information about substance use treatment providers intended to lure or misdirect individuals or family members seeking care. Treatment providers at all levels of

care and recovery support services should be appropriately credentialed or licensed, and inspected by unbiased entities. Finally, we need to identify or expand prohibitions on referrals between licensed treatment providers and recovery residences that do not meet minimum standards of care and safety.

In closing, all treatment providers must collaborate to rebuild trust in our communities and in the nation. As health care providers, our cooperation is needed to assist in addressing this public health emergency to define quality care, effective treatment, and recovery outcomes. Thank you for the opportunity to present this testimony to the US House of Congress Committee on Energy and Commerce Subcommittee on Oversight and Investigations.

Respectfully submitted by

Douglas Tieman, President & CEO

Caron Treatment Centers

Patients have the right to:

1. Be treated for the life-threatening, chronic disease of addiction with honesty, respect and dignity.
2. Know what to expect from treatment, and the likelihood of success.
3. Be treated by licensed and certified professionals.
4. Evidence-based treatment.
5. Be treated for co-occurring behavioral health conditions simultaneously.
6. An individualized, outcomes-driven treatment plan.
7. Remain in treatment as long as necessary.
8. Treatment for their families and loved ones.
9. A treatment setting that is safe and ethical.





What to Look for in an Addiction Treatment Center

Choosing a drug or alcohol rehab center is an incredibly important decision with many factors to consider.

Before choosing a treatment center, ask the following questions:

- Does this treatment center treat addiction as a chronic disease and, as such, strive for continuity of care?
- Does the center provide on-site assessment?
- Will the facility develop a comprehensive treatment plan for the patient: one that will be constantly monitored, updated and modified as treatment progresses?
- Is the facility safe?
- How experienced and credentialed are members of the treatment team?
- Is the facility location ideal for the patient?
- What will treatment cost? Is the cost covered by my insurance or non-reimbursed medical plan?
- Are financial aid or financing options available?
- Is the program geared toward the patient's age, gender and addiction severity?
- Is the center able to provide comprehensive treatment to address all aspects of addiction?
- Does the center collaborate with hospitals and research groups to keep it on the leading edge of addiction treatment practices?
- What treatment approaches does this program use regarding detoxification; abstinence; individual, family and group therapy; medication-assisted treatment; cognitive-behavioral therapy; endorsement or inclusion of 12-step programs or other mutual-help groups; relapse education and prevention; and long-term recovery?
- Is the facility equipped to assess and treat co-occurring disorders?
- Does the center have programs in place to include or treat a patient's family?
- Is the family involved in decision-making, the treatment process and the recovery phase?
- What type of ongoing treatment does the facility provide?
- Does the program provide outpatient, inpatient, residential and short-stay options, and recovery care?
- Is the center included on the state's licensure website, such as the Department of Health?
- Has the program received any major citations?
- Is the treatment center facility and location accredited by an independent behavioral health body demonstrating the provider's commitment to continuously improve service quality and to focus on best practices in treatment?

For help finding a program that suits your needs, please [contact Caron Treatment Centers.](http://www.caron.org)
www.caron.org | 800-678-2332

Endnotes

- ⁱ Substance Abuse and Mental Health Services Administration. (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health* (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>
- ⁱⁱ American Society of Addiction Medicine. (1992, October 19). Principles of Medical Ethics [Public policy statement]. Retrieved from <https://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2011/12/15/principles-of-medical-ethics>
- ⁱⁱⁱ Feliz, Josie. (2012, March 6). Survey: Ten Percent of American Adults Report Being in Recovery from Substance Abuse or Addiction [Press release]. Retrieved from <https://drugfree.org/newsroom/news-item/survey-ten-percent-of-american-adults-report-being-in-recovery-from-substance-abuse-or-addiction/>
- ^{iv} Whalen, Jeanne and Cooper, Laura. (2017, September 2). *Private-Equity Pours Cash Into Opioid-Treatment Sector*. Retrieved from <https://www.wsj.com/articles/opioid-crisis-opens-opportunities-for-private-equity-firms-1504353601>
- ^v Knopf, Alison. (2015, March 21). *Treatment centers pay lead generator up to \$1,000 for a call from a prospective patient* [Article]. Retrieved from <http://www.alcoholismdrugabuseweekly.com/m-article-detail/treatment-centers-pay-lead-generator-up-to-1000-for-a-call-from-a-prospective-patient.aspx>
- ^{vi} Substance Abuse and Mental Health Services Administration. Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010–2020. HHS Publication No. SMA-14-4883. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- ^{vii} Ventrell, Marvin. (2017, July 6). NAATP to Launch Enhanced Ethics Compliance and Consumer Protection Initiative [Blog post]. Retrieved from <https://www.naatp.org/resources/news/naatp-launch-enhanced-ethics-compliance-and-consumer-protection-initiative/jul-6-2017>
- ^{viii} Armstrong, David and Allen, Evan. (2017, July 7). *Desperate for addiction treatment, patients are pawns in lucrative insurance fraud scheme* [article]. Retrieved from <https://www.statnews.com/2017/07/07/opioid-insurance-fraud/>

-
- ^{ix} Caron Treatment Centers and Hazelden Betty Ford Foundation. (2016, April 16). *Defining a Center of Excellence: An Addiction Treatment Model* [White paper]. Retrieved from <https://www.caron.org/media-center/news-research/thought-leadership/defining-a-center-of-excellence>
- ^x American Society of Addiction Medicine. (2017, February 17). *Standards of Care for the Addiction Specialist Physician* [Document]. Retrieved from <https://www.asam.org/docs/default-source/publications/standards-of-care-final-design-document.pdf>
- ^{xi} Caron Treatment Centers. (n.d.). Evaluations & Treatment Planning [Description of services]. Retrieved from <https://www.caron.org/what-to-expect/evaluations-and-treatment-planning>
- ^{xii} NIDA. (2012, December 1). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition>
- ^{xiii} Caron Treatment Centers (2016, September). Patient's Bill of Rights [Memorandum]. Retrieved from <https://www.caron.org/lp/patients-bill-of-rights>
- ^{xiv} Garbely, Joseph. (2017, July 20). *Caron's Position on Medication Assisted Treatment* [Position statement]. Retrieved from <https://www.caron.org/media-center/news-research/thought-leadership/carons-position-on-medication-assisted-treatment>
- ^{xv} Centers for Disease Control and Prevention. (n.d.). Fact Sheets – Alcohol Use and Your Health [Fact sheet]. Retrieved from <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>
- ^{xvi} NIDA. (2012, December 1). Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition>
- ^{xvii} Bain, L. E., Nkoke, C., & Noubiap, J. J. N. (2017). UNAIDS 90–90–90 targets to end the AIDS epidemic by 2020 are not realistic: comment on “Can the UNAIDS 90–90–90 target be achieved? A systematic analysis of national HIV treatment cascades.” *BMJ Global Health*, 2(2), e000227. <http://doi.org/10.1136/bmjgh-2016-000227>
- ^{xviii} UNAIDS. (2017, January 2017). *90-90-90 – An ambitious treatment target to help end the AIDS Epidemic* [Report]. Retrieved from <http://www.unaids.org/en/resources/documents/2017/90-90-90>
- ^{xix} NIDA. (2017, March 23). Health Consequences of Drug Misuse. Retrieved from <https://www.drugabuse.gov/related-topics/health-consequences-drug-misuse>