

Committee on Energy and Commerce

Opening Statement

of

Subcommittee on Oversight and Investigations Ranking Member Diana DeGette

“Examining Advertising and Marketing Practices within the Substance Use Treatment Industry”

July 24, 2018

Thank you, Mr. Chairman.

We have all heard the statistics about the opioid crisis: the thousands who die each year, and millions more who are suffering from addiction.

But through this Committee’s investigation, we have seen another side of this crisis: some nefarious or unqualified actors are taking advantage of those who are suffering, out of the desire to capitalize on their condition.

As the Committee learned last year, some individuals known as “patient brokers” profit from recruiting patients with opioid addiction, and then send them to dubious treatment centers in other states. We heard that the operators of many of these centers sometimes have no training or expertise in drug treatment, and once the patients arrive, they may receive sub-standard or no care at all.

This past December, the Subcommittee heard from law enforcement officials in states affected by these schemes. They testified about the wide variation in the quality of care provided at some facilities, and how we lack consistent standards.

Today we are examining another feature of the opioid epidemic that again shows some of the challenges patients with opioid use disorder currently face. And that is how treatment providers advertise, market, or locate prospective patients seeking treatment and guide them to appropriate treatment.

In other words, are patients prioritized when it comes to finding and directing those seeking care for opioid use disorders? And for those patients who are the target of aggressive marketing practices, how should they evaluate a possible treatment facility for its effectiveness?

This Committee has seen reports of call centers, for example, that sell customer referrals to treatment providers. Some also hide the fact that they are making referrals for a fee, or that the call center is owned by the same company that owns the treatment center.

We have also seen aggressive advertising and marketing strategies by treatment facilities, such as websites and 1-800 numbers that do not clearly disclose who a patient is contacting or

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where they're being referred. Some facilities also try to lure in patients with promises of luxurious treatment, such as daily yoga sessions and free housing.

How pervasive are these problems in the industry, and how do many of these practices—such as having multiple websites or purchasing calls in bulk—actually help individuals recover?

For today's discussion, the witnesses need to articulate what they regard as good practices when it comes to marketing treatment services, and what they regard as dubious practices. Also, are there certain quality indicators that patients should look for when seeking a treatment option? As importantly, are there certain red flags that indicate questionable services?

In other words, Mr. Chairman, opioid use disorder and its treatment is complicated enough for any prospective patient to navigate. We must make sure that existing practices are not making it harder for those seeking treatment by obscuring what's really being provided and what they need to treat their addiction.

So today we have questions regarding how treatment providers find patients, educate them, and then guide them into appropriate treatment.

The witnesses today can articulate how they do these things before referring or accepting a patient. And hopefully, they will also describe how pervasive certain questionable tactics are regarding treatment offerings.

Mr. Chairman, one of the themes that has emerged in our years-long examination of the opioid crisis is that families need much better information about the types of treatment available.

This Committee has long heard from the medical experts that evidence-based treatment—including medication-assisted treatment—is the most effective method for overcoming opioid use disorder. But not all facilities provide that treatment, and some make vague promises about the effectiveness of the various treatment models they offer.

Our witnesses today can provide a benchmark of what they regard as quality treatment, and how that compares to some of the questionable treatment facilities we have seen reports about. This is critical because if patients don't know what to look for when they are seeking care, it is even easier for bad actors to take advantage of them.

Mr. Chairman, the effects of the opioid crisis will be with us for decades. It is going to take a monumental effort by the medical community, public health agencies, Congress, and this Committee to climb out. That will be challenging enough. But in the process, we cannot let bad or ineffective actors make the problem even worse.

I hope this Committee can shed some light on these problems and provide the tools and resources for people to get the treatment they need.

I yield back.