



NATIONAL ASSOCIATION
OF
ADDICTION TREATMENT PROVIDERS

Voice. Vision. Leadership.

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Supplemental Material:

1. *NAATP Code of Ethics*
2. *NAATP Article: Time to Raise the Floor*
3. *NAATP Guide to Locating Addiction Treatment*

Congress of the United States
Committee on Energy and Commerce
Subcommittee on Oversight and Investigations

Hearing:

*"Examining Advertising and Marketing Practices
within the Substance Use Treatment Industry"*

Thank you for the opportunity to provide testimony regarding this critically important matter. I serve as Executive Director of the National Association of Addiction Treatment Providers (NAATP). In this capacity, I am charged with directing the NAATP mission to provide leadership, advocacy, training, and member support services to ensure the availability and highest quality of addiction treatment. NAATP, founded in 1978, is a not-for-profit professional membership association of addiction treatment providers. NAATP functions as a trade association for addiction treatment providers. NAATP is comprised of approximately 850 member-facilities that provide varying addiction treatment services along the continuum of care. The core membership of NAATP is the residential addiction treatment center that provides comprehensive integrated addiction treatment.

Substance Use Disorder (SUD), also known as addiction, alcoholism, drug addiction, or chemical dependency, is a serious health care condition that effects in excess of 20 million Americans (SAMHSA). SUD is a chronic brain disease with biological, psychological, social, and spiritual

manifestations. While chronic and potentially fatal, SUD is treatable. If provided with proper care, patients can recover to lead healthy, happy, productive and useful lives. In excess of an additional 20 Million Americans identify themselves as such persons in long-term recovery from addiction (SAMHSA). Addiction treatment, when provided along a comprehensive continuum of care that addresses all of the above referenced disease manifestations (bio-psycho-social-spiritual), also known as integrated care, is effective. Problematically, SUD treatment delivery is hampered by several factors that result in the lack of service to the majority of patients suffering. We estimate that only approximately 10% of those suffering from the disease get the care they need (SAMHSA). Disease stigmatization, unavailability of services, and a serious lack of payment resources (including no health care coverage and difficulty accessing existing insurance payments) are at the root of the problem.

In recent years, excellent progress has been made toward narrowing this treatment gap through professional and societal acceptance of addiction as a disease, parity law, and more recently bipartisan congressional funding of addiction services through legislation (CURES Act and increased appropriations). As an industry, we have become increasingly better positioned to treat this disease.

However, the problem became more complicated over the past decade with the advent of the Opioid Epidemic, wherein it is estimated 2 million individuals suffer from dangerous opioid addiction (ASAM) and as many as 115 individuals die from opioid overdoses each day (CDC). While alcohol (Alcohol Use Disorder or AUD) continues to be the substance within SUD that causes the most harm (84%), opioid addiction impacts approximately 9% of the SUD population (SAMHSA) and has the capacity to kill faster than alcohol and other SUD substances.

It is at this stage of our work that the specific subject matter of this hearing entered the picture. Whereas many competent and ethical treatment providers have been delivering addiction care since as early as the 1940s (Alcoholics Anonymous was founded in 1939), a new population of addiction treatment providers (and some longer-standing providers) entered the addiction service business

market and began marketing their services in an unprofessional, unethical, and sometimes illegal fashion. Addiction treatment began to be perceived as a highly profitable industry. Whereas consumers in the American business market may vary in vulnerability to marketing tactics, the population seeking treatment is particularly and highly vulnerable to manipulation because the disease of addiction is misunderstood and the patient and family seeking help are in serious and desperate distress.

From the perspective of the National Association of Addiction Treatment Providers, the harmful actions took the following forms:

1. Patient Brokering
2. Billing and Insurance Abuses
3. License and Credential Misrepresentation
4. Predatory and Deceptive Web Practices
 - a. Unbranded Marketing Pages
 - b. Web and Call Directory Deception
 - c. Consumer Identity Aggregation
 - d. Google Platform Deception
 - i. AdWords
 - ii. Maps
 - ii. Search Engine Optimization (SEO)

Over the past several years NAATP became increasingly aware of these advertising and marketing tactics as they became more and more prevalent. The behavior caused serious harm to the consumer patient, the patient's family, insurer, and the addiction treatment industry at large. While we believed and continue to believe that these harmful practices are limited to a minority of providers generally and an even smaller minority within our own association membership, the harm caused was and is too great for us, as the industry trade association, to not act. It is important to note that the

action we have taken is extraordinary in the typical operation of a trade association. Like many trade associations, NAATP is a voluntary membership society wherein members, in our case treatment programs, come together for education, training, resources, convening, networking, and collegiality. We are not a licensing, accrediting/certifying, or policing body. We have no authority to control addiction providers' business or clinical practices beyond our membership conditions. We believe, however, that by setting high values-based professional and ethical membership standards, we can achieve and maintain an association that is comprised of treatment providers on which the public and payer/insurer can safely rely. We also believe that we can, by these actions, lead the entire field by example and influence best practices across the industry through public policy.

Therefore, in the summer of 2017, NAATP adopted its Quality Assurance Initiative (The QAI) designed to:

- Promote best business practice
- Deter problematic business practice
- Inform law and policy makers
- Protect and assist the consumer
- Train the provider

The QAI is comprised of the following 11 Programs:

- NAATP Code of Ethics (Ethics 2.0)
- Ethics Code Enforcement Provider Conduct Review Process
- Adoption of Accreditation as an NAATP Provider Requirement
- Addiction Industry Directory (The AID)
- Quality Assurance Guidebook
- Google LegitScript Advertising Advisement
- Outcomes Measurement Toolkit

- Insurance Industry Collaboration
- Cross Agency Collaboration
- Annual National Conference Training Program
- NAATP Provider Webinar Series

The subject matter and time limits of this hearing do not allow for an expansive description of each of these programs. NAATP will be pleased to provide this Committee with comprehensive information as to all programs upon request. The following testimony will be focused on the first six of the foregoing programs:

NAATP Code of Ethics (Ethics 2.0)

The foundation of the NAATP QAI is the NAATP Ethics Code (Ethics 2.0) provided herein as supplemental material. It was adopted by the association in December 2017 and became effective January 1, 2018. It was preceded by our code that, while similar in terms of philosophy and intent, did not adequately articulate the prohibited conduct that became problematic. Ethics 2.0 was implemented so that our members knew the rules and knew they were required to follow them as a condition of membership. Our membership embraced this move. Ethics 2.0 is comprised of these parts:

Preamble / Philosophy / Adherence Required

1. Treatment Ethics
2. Management Ethics
3. Facilities Ethics
4. Marketing Ethics
 - a. Financial Rewards
 - b. Deceptive Advertising / Marketing
 - c. Client Identities

Each of the harmful practices described in this testimony is articulated and specifically prohibited by the Code (Patient Brokering, Billing and Insurance Abuses, License and Credential Misrepresentation, Predatory and Deceptive Web Practices). Most applicable to the subject matter of this hearing is Marketing Ethics. Within the provisions of Section IV, parts A, B, and C, the code describes and specifically prohibits the deceptive, misleading, and non-transparent marketing of treatment services.

Ethics Code Enforcement Provider Conduct Review Process

Prior to launching Ethics Code 2.0, NAATP worked with legal counsel to develop a comprehensive process whereby addiction treatment provider members of NAATP who are suspected of ethics code violations would be reviewed for code compliance. Fellow members, non-member providers, and the public may file a complaint against an NAATP member based on ethics code violations. Thereafter, the alleged conduct is reviewed by NAATP and notice and opportunity to respond is given to the provider. If a violation is found to exist, the NAATP member may incur the following penalties: notice and opportunity to cure the violation or expulsion from membership. Our goal is to encourage compliance rather than punish. As part of code enforcement, NAATP also began, as of January 1, 2018, a process whereby members' code compliance can be internally assessed when the member's annual membership is expiring. This process allows NAATP to determine whether the member that is expiring should be invited back based on code compliance.

Since implementation of the code and process, NAATP has removed from our member roles 99 addiction treatment campus locations operated by 24 parent companies. This has resulted in the forfeiture of \$111,150 in dues revenue. This has significant negative economic impact for our association. Nonetheless we believe the action must be taken and continue to be taken in order to serve the objectives of the QAI and ensure our association integrity. Our objective is to distinguish the NAATP member as a reliable ethical treatment provider. We believe that we diminish our own value

and do a disservice to the good provider by associating with providers who do not function as professional, values-based ethical programs. The primary reasons for removal of these members from our roles are unbranded websites and the buying or selling of leads. Members were also deleted based on licensing misrepresentation and billing abuses.

Adoption of Accreditation as an NAATP Provider Requirement

At the 2018 Annual Meeting of the NAATP Board of Directors in May of 2018, our leadership voted to adopt a new membership requirement whereby an addiction treatment provider must obtain accreditation as an addiction treatment provider to qualify for membership. This month, July 2018, the NAATP membership at large approved this measure, effective January 1, 2019. The measure is consistent with our QAI objective to ensure competence and reliability of NAATP members. While accreditation alone is not dispositive of high quality care, it is strong indicia of such. Addiction treatment accreditors, primarily CARF and The Joint Commission, typically work to ensure patient treatment quality and safety. Combined with the NAATP QAI efforts to ensure ethical business practice, we all take a significant step forward toward protecting the consumer and improving care.

Addiction Industry Directory (The AID)

Consumers, payers, and treatment professionals must have a reliable source to locate addiction treatment. For-profit call centers, treatment center operated directories, and similar web directories do not reliably fulfill this function and frequently mislead the consumer. The NAATP Addiction Industry Director is a comprehensive and transparent listing of all members without rank or recommendation, just data on service, location, staffing, programs, and credentials. Combined with the NAATP Guide to Selecting Addiction Treatment, the AID serves the QAI objectives and helps protect the consumer as well.

Quality Assurance Guidebook

The Quality Assurance Guidebook is a major effort that will result in the publication this year of a comprehensive resource for addiction treatment provider operations. It will serve as a kind of rulebook for the field. No such resource currently exists. The Guidebook will detail the competencies for operations in the following form: Guideline, Commentary, and Implementation Resource. The list of Guidelines is as follows:

A. Operations

- Guideline A-1: Treatment Philosophy*
- Guideline A-2: Licensing*
- Guideline A-3: Accreditation*
- Guideline A-4: Governance*
- Guideline A-5: Policies and Procedures*
- Guideline A-6: Strategic Planning*
- Guideline A-7: Leadership Practices*
- Guideline A-8: Facilities*
- Guideline A-9: Management*

B. Admissions / Patient Screening

- Guideline B-1: Admission Process*
- Guideline B-2: Screening / Assessment*

C. Training and Credentialing

- Guideline C-1: Staff Training*
- Guideline C-2: Professional Staff Credentials*

D. Billing

- Guideline D-1: Calculating Cost of Service*
- Guideline D-2: Usual and Customary Rates*
- Guideline D-3: Balance Billing and Receiving*
- Guideline D-4: Toxicology*

E. Discharge & Continuing Care

- Guideline E-1: Continuum of Care*
- Guideline E-2: Discharge Planning*
- Guideline E-3: Atypical Discharges*

F. Outcomes Measures

- Guideline F-1: Tracking Patient Outcomes*

G. Community Engagement, Public Relations, and Public Policy

- Guideline G-1: Participation in the Community*
- Guideline G-2: Public Relations Strategy*
- Guideline G-3: Public Policy Position*

H. Marketing, Advertising, and Visibility

Guideline H-1: Transparency

Guideline H-2: Treatment

Guideline H-3: Management

Guideline H-4: Facilities

Guideline H-5: Marketing

- a. Policy
- b. Finance
- c. Deception
- d. Client Identities

Google LegitScript Advertising Advisement

The internet serves as the primary source for consumer location of addiction treatment. This is not the case for most health care and NAATP encourages consumers to approach addiction treatment search as one would any other health care matter. Consumers should seek professional referral and speak to one's medical and mental health provider for example.

Nonetheless, the internet is used in this fashion and has been manipulated by unscrupulous providers to deceive consumers. The majority of internet searches are performed on the Google platform. Deceptive practices on Google by unscrupulous providers include AdWords misuse, search engine optimization (SEO) misuse and dominance, and Google Map deception. While Google was, at one time, unresponsive to our requests to control this behavior, they became responsive in 2017 and took the significant and largely unprecedented step of suspending the purchase of AdWords associated with addiction treatment. NAATP and industry colleagues met with Google staff in the fall of 2017 to begin a dialogue on the matter. Since that time, NAATP has become an advisor and advisory board member to Google and the company LegitScript. LegitScript is the entity that now reviews a treatment provider's qualifications to purchase AdWords. Without the LegitScript authorization based on treatment operation criteria, Google will not approve the entity for AdWords purchase. This month, LegitScript approved the first batch of 31 authorized providers through a beta process. Going forward, LegitScript will approve providers on a rolling basis.

In addition to the AdWords issue, NAATP is scheduled to meet later this year with Google staff to discuss a regulatory process for managing the concerns regarding SEO and Maps.

Summary of Key Testimony Points

- 1. The Role of the National Association of Addiction Treatment Providers (NAATP).** As the long-standing addiction industry trade association, NAATP provides resources, education, and training to the professional community and sets a standard of reliable, high-quality, ethical addiction treatment program operation. NAATP also provides guidance to the consumer, insurer, and policy maker.
- 2. The Context of Addiction Treatment in the United States.** Addiction is a chronic brain disease with biological, psychological, social, and spiritual components effecting over 20 million Americans. While treatable, most individuals suffering do not get adequate care. Significant progress has been made in terms of treatment knowledge and service delivery, but the problem became exacerbated by the Opioid Crisis and bad actors coming into the work who are more focused on profit than good care.
- 3. The Problem of the Unscrupulous Provider.** The unscrupulous provider harms the highly vulnerable consumer and the entire treatment system through unprofessional, unethical, and even illegal practices. Harmful actions include patient brokering, billing abuses, license and credential misrepresentation, and predatory and deceptive web practices. The web practices fall primarily in the areas of unbranded web pages, web and call directory deception, consumer identity aggregation, and Google platform deception.
- 4. The NAATP Quality Assurance Initiative (QAI) Response.** The Quality Assurance Initiative (QAI) responds to the problem through a series of measures that promote best business practice, deter problematic business practice, inform law and policy makers, protect and assist the consumer, and train the provider. NAATP Ethics Code 2.0 is the foundation of the program. Enforcement of Ethics 2.0 NAATP has resulted in NAATP removing 99 addiction treatment campus locations resulting, in the forfeiture of \$111,150 in association dues revenue. The QAI components that address the concerns of this committee hearing are: NAATP Code of Ethics (Ethics 2.0), Ethics Code Enforcement Provider Conduct Review, Adoption of Accreditation as an NAATP Provider Requirement, Addiction Industry Directory (The AID), Quality Assurance Guidebook, and the Google LegitScript Advertising program.