Testimony
Representative Aaron Kaufer
PUBLIC HEARING - Heroin and Opioid Addiction Treatment and Recovery
West Side CTC, Pringle, PA
June 2, 2016
John Knowles, CADC
Senior Marketing Representative
Clearbrook Treatment Centers

Representative Aaron Kaufer and other distinguished members of the panel present here today, thank you for the opportunity to appear before you today to discuss the explosive growth of Heroin/Opioid/Opiate addiction treatment and recovery. As a provider of substance abuse services for almost 30 years I have witnessed numerous changes in using habits of the population we serve, but none instills the level of concern and fear that Heroin/Opioid/Opiate addiction does. Pennsylvania is home to some of the highest quality, cost effective care for substance abusers and their families. We possess some of the finest laws for treatment reimbursement and yet we continue to climb the statistical ladder for use, abuse and overdoses from these substances. If the history of developing policy for drug addiction has taught us anything, it is that ***we cannot prescribe or arrest our way out of this epidemic.***

On a personal note, I would like to extend my gratitude for the work you are doing to save lives like mine. As a person in long term recovery since November 29, 1984 I am a product of the last drug epidemic - the cocaine crisis of the 1980's. At that time I was fortunate enough to secure inpatient treatment that included seven days of detox and thirty five days of rehabilitation. During my stay, seven members of my family received family counseling and I was involved in weekly, supervised, aftercare for two years. All were fully covered by my health insurance carrier. I have remained chemical free since

that date. I am sad to say that in today's treatment environment I would not be afforded that level and length of care I received in 1984.

According to the Centers for Disease Control and Prevention (CDC), approximately 100 Americans died from drug overdose ***every day*** and enough prescription painkillers were prescribed to medicate every American adult around-the-clock for a month. The Office of National Drug Control Policy cites that heroin and prescription drug overdoses contribute to more than half of the 38,300 overdose deaths in 2010. Drug overdose deaths now outnumber deaths from gunshot wounds or motor vehicle crashes.

At Clearbrook Treatment Centers these facts are reflected in the histories of patients seeking treatment. Approximate figures for 2013 indicate that 56% of admitted patients reported that Heroin, Prescription Narcotics or Opiates were their drug(s) of choice. Of this number approximately 69% were males and 31% females. In 2015 the figure climbed to over 60% of admitted patients reporting that Heroin, Prescription Narcotics or Opiates were their drug(s) of choice, while the gender breakdown remained the same, approximately 69% male and 31% female. These figures reflect a nearly 30% increase over previous years and almost double since 2009. We believe this is an accurate reflection of most Pennsylvania inpatient providers and in some cases the figures are higher.

T

hese patients present with unique immediate and post-acute withdrawal symptomology including poor self-esteem, a flat affect and depressed mood. These factors often lead to patients developing a desire to leave treatment prematurely and a feeling of hopelessness that recovery cannot occur for them. In addition, many of these referrals are also using Benzodiazepines such as Xanax and Librium in order to

quell the symptoms of withdrawal This creates even greater danger as the withdrawal from these drugs is life threatening. We expect to see an increase in multi substance abuse and addiction in Heroin/Opiate/Opioid addicted patients as users look to enhance the high and minimize the discomfort of withdrawal. This type of patient will be in greater need of a highly structured, concrete, simple and repetitive program of recovery that can last between 24-60 months with various levels of therapy and case management provided through a step down continuum. Most treatment professionals agree that the time directly following residential care is the most vulnerable time for relapse and with Heroin/Opiate/Opioid addicted patients the incidence of overdose is highest due to patients perception that they can use at levels similar to those just prior to treatment.

As with the Crack epidemic in the late 1980's, we as a treatment industry are struggling to keep pace and unique to this epidemic are a confluence of circumstances that have complicated access issues to proper levels of care. Late 2014 and early 2015 have begun to demonstrate the impact of parity laws and "Obamacare" on providing reimbursement and access to care. Pennsylvania is home to the Act 106 law, a bill that mandates minimum benefits for treatment of alcohol and drug addiction. The act requires specific coverage of drug and alcohol treatment services in certain group insurance policies or contracts. Currently the Act only represents a portion of the insured public and gaps in the bill exclude non-group policy holders, individuals in self-funded plans, individuals insured by out of state employers, Medicare and Medicaid recipients. Many law enforcement, judiciary and health professionals are unaware of the gaps in mandated coverage which can lead to misconceptions about how and when to place a patient. The issue can arise when addicted clients who are incarcerated and many third party payers, both private and public, can view the time spent in jail as detox and this negates the need for inpatient care. Delays in processing potential patients through the system can lead to denial of higher

levels of care and because of ability to access third party insurance, severely limits access to other funding sources. The patient languishes in jail rather than accessing treatment. Providing a layer of early intervention at time of arrest/committal can increase the number of addicted offenders who can secure treatment with non-public funds.

Many of the new Affordable Care Act plans provide coverage, but, require large out of pocket and deductible charges – it is not unusual for a working class patient to have a five thousand dollar threshold before being able to access the benefit. In addition, these plans are often non-group policies and therefore not eligible for the mandated benefits of Act 106. Amending the act to assure that every insured citizen of Pennsylvania has a right to substance abuse treatment coverage is an essential component to addressing this epidemic. Furthermore, policies that do not include Act 106 coverage require precertification from third party providers and the criteria for each varies widely. Lack of consistency in certification requirements across all payers for a recognized medical illness with concrete, defined symptoms and scientifically researched best practices for determining length of care leads to individuals with identical presenting criteria to receive significantly different approvals based on the individual insurance company criteria.

A further limit to accessing care has occurred with the emergence of significant changes in how the treatment field operates. In the inpatient field there has been a significant increase of investor funded startups, mergers and acquisitions. The balance of nonprofit and for profit providers has shifted and led to aggressive marketing campaigns by well financed private, for profit providers who market exclusively to self-pay and out of network benefit recipients. Public funded patients are excluded from care at these types of facilities due to the low reimbursement rates such as State Medicaid provides or the regulations

that Medicare imposes. These market forces have dramatically shifted the payer mix of many providers who cannot sustain the emerging increased levels of service for public funded patients leading to skyrocketing waiting lists while many private, for profit facilities have unoccupied beds.

Thank you for the opportunity to provide testimony to highlight these areas of concern. You have my commitment to work with you and your staff to forge a strong and productive relationship going forward. I look forward to answering any questions.

John Knowles, CADC