

Good afternoon. I would like to thank the [House Policy Committee](#) for inviting me to appear before you today.

My name is Cris Fiore. I live right here in Warrington. [Holds up picture] This is my son [Anthony](#). He died on May 31st 2014 from a heroin addiction. He was 24 years old.

Anthony had a substance abuse problem. It didn't define him, but it dominated the last six years of life. It started in High School, right up the road at [Central Bucks South](#), with OxyContin pills that were as readily available as Skittles. After he graduated High School, he went to Penn State main campus, where he also graduated to heroin. Those pills, which were no longer recreational, but a physical need, had become too expensive and heroin was so cheap. He overdosed and almost died. His friend overdosed and almost died in front of his eyes. He was arrested. He overdosed again. He was arrested again. He spent a week on the street and a month in prison. He would get clean and then the siren call of heroin would lure him back one more time. He went back to heroin one time too many and it killed him.

There is an opioid induced crisis in America. [One hundred twenty nine](#) Americans die every single day from drug overdoses. Drug overdoses, mostly from opioids, is now the leading cause of accidental death in this country. Pennsylvania has the ninth highest death rate from drug overdose and leads the entire nation in deaths of young men ages 19 to 25, and [Bucks is the deadliest county in the whole state](#), three times deadlier than Philadelphia. This is a killing field for opioids.

By the time we finish here today, somewhere in Pennsylvania, someone, probably a young person, will have died as a result of the opioid crisis and by the end of the day eight or nine more will join that person in a morgue somewhere waiting for their family to bury them.

I could spend all of my allotted time, and much more, talking about my son; who he was and who he could have become if he had only had the time he needed to get there. Anthony was precious and special and unique. But his story, sadly, is not.

My wife, Valerie, and I have learned more about the disease of addiction, the terrible power of opioids, and what it takes to become a person in long term recovery since Anthony's death than we ever knew while he was alive.

As the parent of an addict, you are always running behind, trying to catch up. You spend all your time worrying about what's going on with your child. Are they clean? Are they using? Who are their friends? Are they using? Should I confront them or give them some space? Did I misplace that piece of jewelry or did my child steal it? Do I really need to hide my wallet and car keys? Can I trust anything they say?

Think for a minute about how hard it is to come to the realization that your child is using, they can't be trusted, they are stealing from you to support their habit and you can't believe anything they say. No parent reaches that point overnight. Meanwhile, your

child is falling deeper into addiction and you are falling further behind. Loving an addict is as hard as being one. In many ways, it's harder.

And you don't know what you don't know.

We didn't know that since 2011, the American Society of Addiction Medicine has [defined addiction as a chronic brain disorder](#), and not a behavior problem.

We didn't know that these doctors consider addiction to be a primary disease, meaning that it's not the result of other causes, such as emotional or psychiatric problems. And like cardiovascular disease and diabetes, addiction is a chronic disease which must be treated, managed and monitored over a person's lifetime.

We didn't know that the treatment model that insurance companies push, 14 to 28 days, [doesn't work](#). Anthony was in rehab three times. Three unsuccessful short term treatment programs, 21 days, seven days and 28 days, because that was all our insurance would pay for.

We didn't know that treatment professionals recommend a [minimum of 90 days](#) of some combination of inpatient and carefully supervised outpatient treatment for addiction sufferers to have any real chance for long term recovery.

We didn't know that since 1989 Pennsylvania has had a law, [Act 106](#), requiring insurance plans to cover at least – they can offer more, but by law they **must** pay for – at least 7 days of detox., 30 days of residential treatment and another 30 days of outpatient treatment. In addition, under Act 106, the inpatient stay can be extended to 45 days or the outpatient treatment can be extended to 60 days.

We didn't know that many rehabs don't know about Act 106 and many insurance companies that are bound by it simply refuse to follow it.

We didn't know that the insurance policy we had the last time Anthony went to a rehab was exempt from state law because it was a self-insured policy issued by a large, multi-state company and so fell under federal rules, not state laws.

We didn't know that, since 2008 there has been a federal law, the [Mental Health and Drug and Alcohol Parity Act](#), requiring all health insurance policies to cover the disease of addiction in the same way they cover other diseases, in parity.

We didn't know that, despite the clear intent of the parity act, insurance companies were insisting they just didn't know [what it meant](#), didn't know how it applied to addiction treatment. Why wasn't 4 days in detox enough? Why couldn't someone struggling with addiction try doing rehab sessions as an outpatient, going home after each session to the environment in which they have been using, and if they relapsed, and didn't die, then, and only then, would the insurance company pay for inpatient treatment. Why couldn't this be considered parity despite the fact that they would never tell a

cardiologist that his patient with a dangerously high EKG should just go home and rest and if he did suffer a heart attack, and didn't die, then and only then would they pay for surgery.

We didn't know all these things.

Here's what we did know.

We knew that our child was suffering and we couldn't find and weren't getting the help he needed to manage his disease.

We knew that treatment facilities want to be paid and that insurance companies don't want to pay.

We knew that the treatment Anthony did get, did not work.

And, since Anthony's death, we have heard the same story countless times from other parents and spouses who were struggling to find help for a loved one in addiction or who had lost a loved one because they could not find the help that was needed. I have submitted to the committee, along with my written testimony, the testimony of a dozen other Pennsylvanians with stories every bit as compelling as ours and I urge the legislators to read them.

So, what can be done?

In the long term we need tougher legislation; laws to mandate better coverage for all policyholders, and to force insurance companies to pay for it.

Valerie and I have been working for passage of state and federal legislation to require health insurance carriers to pay for a **minimum** of 90 days of drug or alcohol treatment.

We started a petition on MoveOn.org called "[Anthony's Act](#)," which close to 53,000 people have signed so far; 5,000 of those signers are from Pennsylvania.

Anthony's Act is more than just a petition; it is a movement seeking to make long term treatment a reality for every addict who needs and wants it.

Legislation, takes time. But, there are things that can be done right now.

The insurance department can and should immediately require all insurers to send all their policyholders a one page notice telling them, in plain English, what their policy covers and how to access that coverage. They should require such notices to include instructions about who to contact to report any carrier that refuses to promptly provide the coverage their customers are paying for.

Either the Insurance Department or the Attorney General's office should aggressively enforce full compliance with the Mental Health and Drug and Alcohol Parity Act. The state is currently auditing insurers on their compliance with the parity act, but that's going to take a while. In the meantime, the state should vigorously enforce clear violations of the parity act such as "fail first" requirements and more restrictive, more frequent, and unnecessary use of "utilization and review" which is nothing more than a stalling tactic.

New York State has taken the lead in [enforcement](#) of the parity act and their actions have created [templates](#) which Pennsylvania can follow.

Representative DiGirolamo has introduced an excellent bill – [House Bill 1511](#) -- that would provide funding for addiction treatment by imposing a 10% fee on the sale of opioids in Pennsylvania. This fee would be paid by the pharmaceutical manufacturers and sellers and could not be passed on to consumers. HB 1511 has been stuck in committee for almost a year. It has 22 co-sponsors. You need to get this bill out of committee, get it passed by both houses and send it along to Gov. Wolf and the governor needs to sign it into law. [Opioid manufactures played a significant role in creating this epidemic](#) and they should pay to help clean it up.

Thank you for your time and your attention.