

Testimony October 14th, 2016 Public Hearing
“what to do when a loved one has an addiction problem”
10/19/16 60 PA Capitol East Wing 9:30am

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It is an honor to be here today to testify in front of the Human Services Committee. I first want to acknowledge that publicly funded treatment for a substance use disorder saved my life 30 years ago tomorrow, and as a result I have had the opportunity to live a full and productive life, and this can and should be the reality for many more Pennsylvanians. I want to emphasize how important the topic of this hearing is today. Substance use disorders impact at least one in four Pennsylvania families, accidental overdoses are the leading cause of death in some age groups and drives governmental policies in multiple arenas, including our criminal justice systems, are healthcare systems and our workforce productivity as examples. Arming our families with information and making it easier to get help for a loved one is of paramount importance in saving lives and healing shattered families.

It is not an easy task for a family member to get a loved one help. We kind of expect the resistance to help that occurs with a loved one experiencing a Substance Use Disorder (SUD), after all, it is a brain condition and it overrides the rational thinking of the person with the problem. However, it is a public disgrace that in this day and age, in the midst of the largest epidemic we have ever seen, that insurance discrimination and limits on care remain an all too common barrier for far too many families.

As an advocate for families seeking help for their loved one, we seek the elimination of discriminatory practices and disparate services, exclusionary criteria, exorbitantly high fees, unnecessary information requirements, lengthy pre-admission administrative review processes, limited provider networks, medical necessity reviews exceeding 48 business hours and barriers set up between the person and the care wholly intended to prevent access to life saving help.

Once in care, there can be arbitrary time limits on reviews for authorization, denial of any retro-reauthorizations, and other heavy administrative burdens on those seeking help. Can you imagine having to wait 48 business hours for your insurance company to review care for a heart attack to decide what to allow? Can you imagine how terrifying this can be for a family trying to get help for a loved one in the grips of a substance use disorder? We should have presumptive eligibility for this condition in this state at the late day.

When care is authorized it is far too often for lower levels and shorter durations than is clinically indicated to heal. I have known people who have lost their lives as a result of this machinery of denial. They are very much with us today here in this room.

For family members out there who are trying to get help for a loved one, please trust your gut – addiction is like an iceberg, as a family member you only ever see a small portion of what is going on under the surface. Far too often I have seen people who had a growing awareness of a loved one who has a problem but discounted this instinct and hoped that either they were wrong or that somehow the person would just moderate their use of get help on their own. There is a prevailing and incorrect notion that a person with a substance use disorder has to want help to get better before you can help them. This is not true, but as a result of this misconception, far too often people sit around waiting for this moment to occur on its own. This is a terrible mistake.

We would not do this with any other medical condition. While it is true that at some stage in the recovery process a person needs to take the reins of the recovery process, it is often later on in the process after the person has gotten help, and they have begun to heal that this occurs. Very few people wake up one day and decide to get help on their own and a short burst of care is all too often not enough to break the chains of addiction, and like any other medical condition it gets more difficult to treat the longer it is allowed to continue. Too often, family members wait until the person seeks help on their own – and this can occur quite late in the disease process if at all. Pressure from family, an employer, a caring medical professional or a run in with law enforcement are typically the kinds of sentinel events that can be used to get loved one help.

This is worth repeating - we should remain cognizant that, like any other medical condition, early intervention is important to reversing the condition and so families should seek help for a loved one early in the stages of the condition and not delay care. It is important for us to advocate for aggressive treatment – just as one would do if confronted with other medical conditions that can be fatal when untreated or undertreated.

We need to make it much easier for families to know what coverage they have and the laws that protect them. I am recommending that every insurance policy in Pennsylvania have a minimum of a once a year, plain language description of available substance use and to delineate what federal and state laws apply mailed to each subscriber. Far too few Pennsylvania families who are covered by insurance know if their plans are covered by Act 106 of 1989, I will read from the 2003 PA Bulletin on the Act:

“The act specifies that all group policies, contracts and certificates subject to the act providing hospital or medical/surgical coverage shall include within that coverage certain benefits for alcohol or other drug abuse and dependency. Under the act, the only lawful prerequisite before an insured obtains nonhospital residential and outpatient coverage for alcohol and drug dependency treatment is a certification and referral from a licensed physician or licensed psychologist. It is the Department's determination that the same prerequisite applies for inpatient detoxification coverage. The certification and referral in all instances controls both the nature and duration of treatment. The location of treatment is subject to the insuring entity's requirements regarding the use of participating providers.”

This means your doctor can write an order for treatment and it is not permissible for a covered insurance plan to apply preauthorization criteria. Pennsylvania PA Act 106, typically covers:

- Up to seven days of detoxification per admission; (hospital or non-hospital inpatient detoxification);
- A minimum of 30 days of residential treatment services; (non-hospital residential);
- Minimum of 30 sessions of outpatient/partial hospitalization services; (outpatient/partial hospitalization)
- Family counseling and intervention services;
- 30 additional outpatient/partial hospitalization sessions, which may be exchanged on a two-to-one basis to provide 15 additional non-hospital, residential treatment days, are also available.

It is my understanding that the Affordable Care act and the **Mental Health Parity and Addiction Equity Act** of 2008 (MHPAEA), have actually extended Act 106 plans coverage. In regard to MHPAEA this is indeed landmark legislation, but since its passage in 2008 – we have not come nearly far enough in the enforcement of the law or education to the public of the important safeguards it contains. I am heartened by recent movement to examine plans offered in Pennsylvania for MHPAEA compliance. We also need to educate families about these important protections and expand coverage for our family members in parity with physical health conditions.

Historically, our treatment system has been a difficult system to navigate for persons seeking help for a loved one. Where a person enters care is dependent on a variety of considerations, including the type of insurance they have (if any) and where they live. Our PA Department of Drug and Alcohol has been working diligently to make it easier to

find help – and they have a section of their web site that makes it easier to determine how to get help, and another section that provides information on where open beds are within the system. It is worth noting that locating an open bed in and of itself can be very difficult as our service system is strained beyond capacity.

Get help for yourself – addiction is a family disease and professional help can be crucial for your own well-being as well as that of your loved one. We know that SUDs effect the whole family – a family is thrown out of balance when a member becomes addicted. It can be disorienting and a profoundly difficult experience for all family members. Counseling can assist a person in reestablishing their own balance and help all members of the family move towards recovery and healing. In the nearly thirty years I have been doing this work, I have seen countless examples of people with an SUD getting better when their family got help. Speaking of this – as identified above Act 106 of PA also requires coverage for family and intervention services – but for some reason this provision is even less known about and underutilized.

There are support networks and family groups across Pennsylvania with family members who have been down this path and are willing to help others with their journey.

Finally, please don't give up – this is not an easy journey, but it is a worthwhile one. Recovery is a reality for many of us, and for many of us it did not occur in a simple, linear fashion, but it does occur.

Thank you for the opportunity to testify here today,



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Links to referenced resources:

- PA Bulletin / Act 106 coverage Drug and Alcohol Use and Dependency Coverage; Notice 2003-06: <http://www.pabulletin.com/secure/data/vol33/33-32/1566.html>
- DDAP Get Help now link: <https://apps.ddap.pa.gov/gethelpnow/>
- DDAP Open bed indicator: <http://www.ddap.pa.gov/treatment/Pages/Open-Beds.aspx>