

August, 2007

## TRYING TO MAKE SOME SENSE OUT OF THE PARITY LEGISLATION

S.558 AND H.R. 1424

Throughout this past year (2007) there has been considerable debate and discussion; agreeing and disagreeing; hurrying up and waiting; and behind the scenes maneuvering as well as public support and opposition to parity legislation which was introduced in both the House and the Senate in 2007. Because these two proposed pieces of legislation are not the same, they have attracted a wide variety of organizations to both support them and oppose them. In order to understand and to appreciate the process, we are providing this summary of how we got to August 2007 and the current debate.

**History:** Up until this year, we have not had federal parity legislation which included addiction treatment in its coverage. This particular attempt was designed to address insurance provided by most employer sponsored health plans which would make it *illegal* to put the disease of addiction in a different category than that which they placed other diseases. Under parity legislation artificial assignment of annual day and dollar caps or lifetime day or dollar caps would be deemed illegal. The disease of addiction would be treated in the same way as other diseases covered by insurance plans.

With this as the goal, Representative Jim Ramstad of MN and Representative Patrick Kennedy of RI spearheaded legislation which was introduced in the House and assigned the number H.R. 1424. Prior to this, Senator Ted Kennedy and Senator Pete Domenici spearheaded efforts to have a bill introduced in the Senate to address parity and it was assigned the designation of S. 558. Both of these efforts had significant and bipartisan support from their respective legislative chamber. The support was rather impressive in that both proposed pieces of legislation had more co-sponsors than any previous addiction parity legislation. *The other significant factor was that the 2007 effort was a combined initiative to address both mental health and addiction needs in a single legislative process.* While this brought more numbers into the process, it also demonstrated that some aspects of the proposed legislation were more important to the mental health community and others were more central to the addiction community. Finding meaningful middle ground has not been easy!

The legislative process under which we operate is that in order for a bill to be forwarded to the President for signature and enactment into law, the

wording must be the same. When two different versions are passed by the two chambers of the legislative branch, then a "conference committee" is appointed to work out the language difference. S. 558 and H.R. 1424 have significant language differences.

The House version (H.R. 1424) has consistently been a piece of legislation which has attracted the support of NAATP. There are several components in this proposed legislation which has made it attractive. Both in the title and in the text of the bill, no reference to addiction is made and *addiction is incorporated into the use of the term "mental health"*. This bill also specifically states that this bill would not **pre-empt** any state law which provides for either stronger parity or addresses mandating coverage for addiction and how that mandate is to be regulated. The House bill also calls for a transparent process around the use of the term medical necessity by calling for the release and publication of any criteria used to define medical necessity. Finally, the House bill calls for the Comptroller General to conduct an audit no later than 18 months after the passage of this bill to make sure that criterion are published around medical necessity.

On the Senate side, the introduced legislation did not include reference to Addiction in the title of the bill nor in the text. It was assumed that it was covered through reference to mental health. The bill began with specific language which would pre-empt stronger state laws from being enforced and was silent on the issue of transparency and medical necessity. This version quickly won the support of the insurance industry as well as a wide federation of small business associations. These same groups opposed the House version based on an argument that it would drive up the cost of health care provided to employees and the pre-emption language. Language which continued to allow states to have mandates for addiction coverage as well as addressing the medical necessity and the managing of those benefits process has been opposed by the insurance and small business coalitions.

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Unless you are a recent arrival from another planet or perhaps another universe, you are well aware that in the United States we are headed into another very significant election cycle. Even though there will be elections at local, state and federal levels, it is the federal level which is drawing the majority of attention. Monthly reports on campaign funds raised, weekly updates on polling results and periodic debates in all manner of formats are just the preludes to the primary elections which begin early in 2008. Before the National Association of Addiction Treatment Providers celebrates its 30<sup>th</sup> anniversary at its May 2008 conference in Palm Springs, CA, the Democratic and the Republican and any Independent candidates will have been identified. All that will remain will be for running mates to be identified and for the official party platforms to be finalized and released.

By all official and unofficial reports, health care and health care reform will be a chief concern as the two major parties sift through the candidates running for the office of the President of the United States and then the debate will become even more sharply defined when the final candidate from each party emerges. If the prognosticators are correct, then all aspects of the health care system will be on the table. This includes Medicare, Medicaid and programs for government employees, health care to the military and health care provided to employees through the more traditional employer sponsored health care. Another significant component to this discussion will likely be the nearly 40 million uninsured individuals in our society, many of whom are employed!

At issue, I believe, will be whether any party, any individual or any coalition of individuals have the will to provide the leadership it will take for systemic change. Using the analogy of pre-season football, a season which we are in right now; hopes are riding high in city after city across the country that their team this year will be the Super Bowl champions. Yet only a few weeks or months from now, there will arise that predictable groan that their team owners or management did not have the will to do what it will take to ensure that their team plays for the Super Bowl title. Will a single political party, will a single political leader, or will a coalition of individuals display the will that it will take to make some significant systemic changes in the system to move in the direction of insuring access to quality health care for all citizens?

If all of these predictions are correct and if there is going to be some effort to address this complex and "special interest" saturated issue, what is the role and place for the disease of addiction in the discussion? There has already been a good deal of "angst" over this and some strategies beginning to emerge. Do we (the addiction folks) align ourselves with the mental health folks and attempt to carve out some sort of "behavioral health" position to be infused into the debate? Do

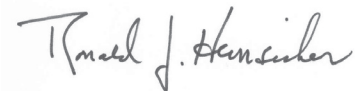
we align ourselves with other "chronic diseases" which seem to be positioning themselves as an alternative paradigm to the more traditional way of thinking in acute terms when it comes to health? Do we weld ourselves to those that are taking the leadership in the area of "disease management" so that there is this understanding of life long involvement in managing a disease as opposed to a one time fix or cure? We have some options and our choices of alignment will be critical.

Nevertheless, we also need to recognize that any alignment needs to be done from a position of strength. Addiction is primarily a progressive disease which, if left untreated, often leads to premature death. But is this simple yet profound understanding of this disease etched into the fabric of public officials? If it were the case, then it would stand to reason that someplace in the overall discussion of health care that addiction would be mentioned. I do not believe that any candidate from any major party has made a significant reference to addiction thus far! We need to do everything in our power to make sure that as the process moves forward candidates be asked to go on record in terms of their understanding of and their position on addiction and addiction treatment.

Sometimes we want to get fancy and present complicated position papers and describe the origin of the universe when it comes to political candidates. What if we had a goal of having every individual seeking election at every level in 2008 to respond to the following, not very complex, questions:

- ❖ Do you believe that addiction is a chronic, progressive disease which if left untreated often results in premature death?
- ❖ Do you believe that treatment for addictive disease disorders should be available and affordable for everyone diagnosed with the disease?
- ❖ Do you believe that recovery should be the ultimate goal of treatment for addictive disorders?

These are three very basic and simple questions which only call for a yes or no, even though most persons will want to append many sentences to their response and then we will be left wondering if the answer is yes or no? Sometimes simple is better than complex. So, as we ponder all the other complexities of the larger health care debate, let us not forget that we really need all elected officials to go on record regarding their base, their underlying, their foundational beliefs about this disease and the treatment for this disease.



THAT'S THE PERSPECTIVE OF RJH

## KAISER FAMILY FOUNDATION LAUNCHES HEALTH08.ORG, A HUB FOR INFORMATION ABOUT HEALTH CARE AND THE PRESIDENTIAL CAMPAIGN

NEW WEBSITE PROVIDES UP-TO-DATE POLLING, ANALYSIS, FACTS, NEWS, VIDEO, AND INTERVIEWS FROM KAISER AND A BROAD RANGE OF SOURCES

With health care emerging as the top domestic issue in the 2008 presidential election, the Kaiser Family Foundation today launched a new website - health08.org - that will provide analysis of health policy issues, regular public opinion surveys, and news and video coverage from the campaign trail.

Since March, Kaiser's tracking poll on health and the 2008 election has found that health care is a top domestic issue that the public wants presidential candidates to address, trailing only Iraq on the public's overall priority list. Meanwhile, 41% of adults are personally worried about health care or insurance costs, topping concerns about paying their rent or mortgage, being a victim of a terrorist attack or a violent crime, losing their job, or losing money in the stock market.

Nationally, 45 million Americans do not have any health coverage. And, health insurance premiums are up 87% over the last six years, more than four times the growth in wages, according to the Kaiser/HRET Employer Health Benefits Survey.

"For the first time since the early 1990s, there is a buzz in the air about the potential for a major debate about the future direction of our health care system, and how the issue plays in this presidential election will frame that debate," said Kaiser President and CEO Drew E. Altman. "With health08.org, we will be there from start to finish with news and video as it happens, analysis of the issues, and tracking of where the public stands."

The new health08.org website (<http://www.health08.org>) - which will be free of charge and not include advertising - will serve as a hub of information about health and the election, including original content produced by Kaiser and easy access to health-related resources from the campaigns, other organizations, and news outlets. Elements of the site include:


Analysis of health policy issues, summaries of health reform proposals, and basic facts and information about the health system from Kaiser's research staff.

- ❖ Regular Kaiser tracking surveys examining the public's views on health issues and perceptions of the presidential candidates on health care, as well as links to the latest polls by other organizations.
- ❖ Syntheses of news coverage about health and the campaign, updated frequently.
- ❖ Video and podcasts from the campaign trail, including candidate speeches, and health-related highlights from forums and debates.
- ❖ Interviews with candidates and other key players in the health reform debate.
- ❖ Dedicated pages for the candidates, with easy-to-access links to their health positions and other resources.

- ❖ A calendar of events taking place around the country and links to studies and resources from other organizations.
- ❖ A weekly email roundup of developments related to health and the election and free syndication of content available to other websites. Sign up for the email at <http://www.health08.org/email>.

Health08.org is one of a number of projects the Kaiser Family Foundation will undertake throughout the election season.

*The Kaiser Family Foundation is a non-profit, private operating foundation dedicated to providing information and analysis on health care issues to policymakers, the media, the health care community and the general public. The Foundation is not associated with Kaiser Permanente or Kaiser Industries.*



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ABC Wellness Centre  
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## METHAMPHETAMINE TREATMENT

THE STATE OF CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS, UCLA INTEGRATED SUBSTANCE ABUSE PROGRAMS AND THE PACIFIC SOUTHWEST ADDICTION TECHNOLOGY TRANSFER CENTER HAVE RECENTLY RELEASED A NEW, COMPREHENSIVE RESOURCE ON METHAMPHETAMINE ENTITLED METHAMPHETAMINE TREATMENT: A PRACTITIONER'S REFERENCE. IT IS ORGANIZED IN THREE SECTIONS:

SECTION I PROVIDES AN OVERVIEW OF METHAMPHETAMINE AND THE EFFECTS OF METHAMPHETAMINE ADDICTION;

SECTION II OFFERS GUIDELINES FOR ASSESSMENT, TREATMENT AND RECOVERY; AND

SECTION III DETAILS THE IMPACT OF METHAMPHETAMINE ON SPECIAL POPULATIONS.

EACH CHAPTER IN SECTIONS II AND III PROVIDES DOCUMENTED MATERIAL ON THE SIGNIFICANT CLINICAL ISSUES SURROUNDING METHAMPHETAMINE USE, FOLLOWED BY A LIST OF SUGGESTED TREATMENT STRATEGIES TO ASSIST PRACTITIONERS AND OTHERS WHO WORK WITH METHAMPHETAMINE-ADDICTED INDIVIDUALS. CHAPTERS ALSO EXIST ON CO-OCCURRING DISORDERS, METHAMPHETAMINE AND DENTAL DISEASE, METHAMPHETAMINE AND HIV AND HEPATITIS C, ETC. ETC. .

ELECTRONIC COPIES OF THIS COMPREHENSIVE, VALUABLE CLINICAL RESOURCE ARE AVAILABLE FOR VIEWING OR DOWNLOADING AT: [WWW.UCLAISAP.ORG](http://WWW.UCLAISAP.ORG) OR [WWW.ADP.CA.GOV](http://WWW.ADP.CA.GOV) .

### WE ARE LOOKING FOR OUR ALUMNA.....

NEW DIRECTIONS FOR WOMEN IS CELEBRATING THEIR 30 YEAR ANNIVERSARY TO BE CELEBRATED SEPTEMBER 14-16, 2007..IF YOU ARE ONE, KNOW ONE, OR WANT ADDITIONAL INFORMATION,

Please contact Rae Ann Marquez at 949.548.5546 ext. 603 or at [raeann@newdirectionsforwomen.org](mailto:raeann@newdirectionsforwomen.org)

### AN OFFER TO THE NAATP MEMBERSHIP!

My name is Edward Sodergren and I have worked in the field of treating the disease of alcohol and drug addiction for the last thirty years.

During this period of time our field has experienced many changes the least of not which is our ability to comprehensively diagnose and identify "other" behaviors presented by our patients that may become confounding issues to effective treatment and long term recovery.

About ten years ago I began to see more and more of one of these "other" behaviors in my substance abuse population, that behavior was excessive and problem gambling. This issue was new to me. I had had no formal training or education in this area so did not understand the process of the behavior apart from a casual / recreational activity.

Needing to understand more about the concept I set out to educate myself in this area. I attended formal trainings, workshops, conducted my own personal research, etc. And from these activities I have compiled the findings into a book, **"Out of the Shadows"**; exploring the many facets of gambling and their implications to society. It addresses the history of gambling, its evolution, growth, prevalence, participants and potential for problems, as well as recommended treatment responses. I believe it is educational, informative and a useful resource for those in our field who may see this behavior, but have not had access to training specific to this issue.

A look at gambling in our society today reflects a proliferation of opportunities to gamble. We have more and more casinos, we have internet "gaming", and we have many local governments attempting to solve their financial issues by promoting various types of gambling rather than implementing additional taxes. And, it is a safe bet that as more of these opportunities become available they will soon give way to a new set of social problems for someone to deal with.

That said, I would like to take this opportunity to share, at no charge, my work with the NAATP membership. I will provide a copy of **"Out of the Shadows"** to any member interested in this problem in the hope that they will view it as a valuable resource to compliment, as / if needed, the service delivery to our substance abusing population.

To request your copy please contact me at:

[docedward@comcast.net](mailto:docedward@comcast.net)

Shipping and handling charges apply.

## MARK R. CHASSIN, M.D. APPOINTED PRESIDENT OF JOINT COMMISSION

The Joint Commission Board of Commissioners has appointed Mark R. Chassin, M.D., M.P.P., M.P.H., to lead The Joint Commission as its next President effective January 1, 2008.

Currently, Mark Chassin is the Edmond A. Guggenheim Professor of Health Policy and Chairman of the Department of Health Policy at The Mount Sinai School of Medicine, New York, and Executive Vice President for Excellence in Patient Care at The Mount Sinai Medical Center. Prior to joining Mount Sinai, Dr. Chassin served as Commissioner of the New York State Department of Health. He is a board-certified internist and practiced emergency medicine for 12 years. His background also includes service in the federal government and many years of health services and health policy research.

The Board of Commissioners has the utmost confidence in his ability to lead The Joint Commission with intelligence and vision as the organization continues its mission to continuously improve the safety and quality of care provided to the public. His knowledge and experience in health care, and his personal priority for health care quality portend a smooth and seamless leadership transition for this organization.

While at The Mount Sinai Medical Center, Dr. Chassin built a nationally recognized quality improvement program. The focus of the program was on achieving substantial gains in all

aspects of quality of care, encompassing safety, clinical outcomes, the experiences of patients and families, and the working environment of caregivers. Dr. Chassin's research during his 12 years at Mount Sinai focused on developing health care quality measures; using those measures in quality improvement; and understanding the relationship of quality measurement and improvement to health policy. More recently, he has expanded his research program to include a number of intervention trials that concentrate on reducing racial and ethnic disparities in health and health care.

Dr. Chassin has been recognized for his contributions to the fields of quality measurement and improvement with several honors. He is a member of the Institute of Medicine of the National Academy of Sciences and was selected in the first group of honorees as a lifetime member of the National Associates of the National Academies, a new program which recognizes career contributions. In addition, Dr. Chassin was a member of the IOM committee that authored "To Err is Human" and "Crossing the Quality Chasm." He is a recipient of the Founders' Award of the American College of Medical Quality and the Ellwood Individual Award of the Foundation for Accountability.

Dr. O'Leary, who has led The Joint Commission for the past 21 years, will become President Emeritus of The Joint Commission on January 1, 2008.

## CAREER OPPORTUNITIES

CARON TREATMENT CENTERS, internationally recognized for excellence in addiction treatment, is seeking the following:

**BUSINESS DEVELOPMENT REPRESENTATIVE – NORTHEAST REGION** (PA, NJ, NY, CT, MA, RI, NH, VT, ME)

In this key role, you will be responsible for implementing Caron's Business Development initiatives in the NE region. You will establish and maintain profitable relationships with referents; handle inquiries about Caron; promote events; programs and services; conduct targeted in-person sales; and utilize Internet for sales techniques. To qualify, you must be able to work independently and possess excellent business development and presentation skills, and at least 5 years successful sales in drug/alcohol or related field experience. Bachelor's degree in related field. Must have the ability to develop a business plan and possess intermediate computer skills. Knowledge of substance abuse issues is preferred. Need not live in assigned region, but must be willing to travel 70% of the time. We offer a competitive salary with the potential to earn additional income.

Please submit resume and salary requirements to: Caron Treatment Centers, Galen Hall Road, Box 150, Wernersville, PA 19565. Fax: 610-678-8583. Email: [recruiter@caron.org](mailto:recruiter@caron.org). [www.caron.org](http://www.caron.org)

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**CALL TO SUBMIT APPLICATIONS  
2008 JAMES W. WEST, M.D. QUALITY  
IMPROVEMENT AWARD**

January 1, 2008 has been established as the deadline for submitting applications for the 2008 James W. West, M.D. Quality Improvement Award. This award, presented by the National Association of Addiction Treatment Providers is in recognition of an **NAATP Member Organization** for their efforts in the area of quality improvement. The award is presented at the NAATP annual conference and named in recognition of Dr. James W. West, the Medical Director Emeritus of the Betty Ford Center, a long-time quality advocate.

Interested organizations should secure an application from the NAATP office and complete the application process before January 1, 2008 in order to be considered for the award in 2008. Contact the NAATP office for a copy of the application.



## Welcome New

## NAATP MEMBERS

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PRESCOTT, AZ

PASADENA VILLA  
ORLANDO, FL

ARCHE WELLNESS, LLC  
ALLISON PARK, PA

## CONTINUED FROM PAGE 1

After nearly 8 months of anticipation, both chambers have held hearings and the bills are ready to go to the floors for debate and vote. While this has not happened, a great deal has been learned:

- ❖ We have gotten further with this initiative than with any previous attempt,
- ❖ There continues to be a great deal of confusion among policy makers around their understanding of addiction as a disease,
- ❖ Because of this, it is not an easy task to make the case for transparency in the area of medical necessity decisions, and
- ❖ Politicians are more interested in getting something passed as opposed to always holding out for what is right.

In order to have parity which does not compromise the hard work which has already been accomplished, the legislation must not pre-empt any stronger state laws and it must require a level of transparency in the decision making process around necessity of treatment, level of treatment and length of treatment. Without those, we do not have parity!

## “DEMISTIFYING THE ELECTRONIC HEALTH RECORD (EHR)”

**SEPTEMBER 25, 2007  
8:30 AM TO 1:30+ PM**

FAIRBANKS

8102 CLEARVISTA PARKWAY  
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These workshops are designed to offer C Level executives a comprehensive overview of electronic health records as they relate to the addiction industry. Technical, financial, legal, policy and clinical issues will be presented. Our agenda for this ¾ day session includes:

- \* National Standard Setting Overview and it's implication for NAATP members
- \* Considerations for a successful implementation of an EHR
- \* Case Study of an EHR: Cumberland Heights
- \* Executive level discussions of IT related topics

**Please email your RSVP to Sherry Anderson at the NAATP office: sanderson@naatp.org**



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## UPCOMING EVENTS FOR YOUR CALENDER

**Haymarket Center** will present the **2007 Autumn Workshop Series** starting on **September 15, 2007, thru November 10, 2007 (selected Saturdays)** at Haymarket Center, 932 W. Washington, **Chicago, Illinois**. For more information, contact Carol Blyskal at (312) 226-7984 x314 or view our website at [www.hcenter.org](http://www.hcenter.org).

**Ben Franklin Institute** will present the 2007 Summits for Clinical Excellence Conferences **October 18-21, TEMPE, AZ**. For more information, visit [www.BFIsummit.com](http://www.BFIsummit.com) or call 1-800-643-0797.

**3rd Annual Art of Recovery Expo** will be held **September 29, 2007** in Phoenix, AZ. Keynote Speakers: Rokelle Lerner and John Lee. Celebrating National Recovery Month. Showcasing Treatment Providers, Prevention and More. Public Invited. 480-767-7880, [www.artofrecoveryexpo.com](http://www.artofrecoveryexpo.com)

**New Directions for Women** residential treatment center is holding their 13th Annual Charity Golf Classic at the beautiful Strawberry Farms Golf Club located in Irvine, California on **Monday, October 15, 2007**. Contact Kim Farthing at 949.548.5546 xt. 502 or visit [www.newdirectionsforwomen.org](http://www.newdirectionsforwomen.org) for more information and to download a registra-

tion form.

**The National Association of Addiction Treatment Providers will present SECAD 2007 November 28-30, 2007** in Atlanta, GA. For more information, visit [www.naatp.org](http://www.naatp.org) or call 717-392-8480.

**The Dallas Chapter of the Texas Association of Addiction Professionals** will sponsor NOVA 2008, STRENGTH, PROSPECTIVE & ADVOCACY, THE ANNUAL UPDATE ON ADDICTIONS, **January 24-26, 2008**. For information contact: Dallas Chapter TAAPP.O. Box 192186, Dallas, Texas 75219 Or email Paula at [lcdctraining@yahoo.com](mailto:lcdctraining@yahoo.com)

**CeDAR, Center for Dependency, Addiction and Rehabilitation** at the University of Colorado Hospital, presents *Falling Off the Edge-The Truth about Compulsive Gambling Conference, October 18-19, 2007*. The conference will focus on legal, medical and clinical treatment issues and will include nationally known experts in the field of problem gambling. For information or registration, contact: [winnie.moll@uch.edu](mailto:winnie.moll@uch.edu) or 720-848-3020.

## NAATP VISIONS

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