

The Intersection of Practice of Medicine and Drug Rehab: Navigating Changing Laws and Regulations



Join the [American Addiction Treatment Association \(AATA\)](#) and Nelson

Hardiman on November 17th for “The Intersection of Practice of Medicine and Drug Rehab: Navigating Changing Laws and Regulations”.

WHEN: Wednesday November 17th, 2016 1-4PM PDT

WHERE: Nelson Hardiman, LLP (Seminar Room)
11835 W. Olympic Blvd., 9th Floor
Los Angeles, CA 90064

The surge of new drug treatment programs in the past few years is undeniable. Indeed, a quick glance at just one statistic encapsulates this dramatic escalation:

The healthcare dollars spent in 2015 to treat opioid addiction marked a \$414 million increase over dollars spent in 2011.

The Mental Health Parity and Addiction Equity Act of 2008, as well as the inclusion of substance use disorder treatment in the Affordable Care Act have substantially expanded the availability of health insurance coverage, thereby making treatment accessible to individuals who previously lacked the resources.

This is good news . . . isn't it?

Yes, and no.

Greater numbers of individuals getting the help they need is, of course, a cause for celebration. But rapid proliferation of any enterprise – especially one as complex as drug treatment, and especially when there are problematic gaps between physician care and treatment program care – leaves the door open for major issues . . . in this case, patient safety issues.

Even one untimely death in a treatment facility – especially in the case of a preventable death – is one death too many. Owners and operators of addiction treatment facilities are in the business because they want to create spaces of hope, not tragedy. So a disconnect between medical care and addiction treatment is all the more worrisome. Addiction treatment professionals shouldn't have to choose between staying compliant and keeping patients safe.



Part of what has exacerbated the problem has been the corporate practice of medicine doctrine (CPOM), which prohibits licensed health professionals from working for other business entities or for unlicensed people – including some operators of addiction treatment programs.

Undoubtedly motivated by preventable patient deaths that drew a flurry of national attention, the nexus of the practice of medicine and drug rehab is undergoing a change in California.

Whether or not you've ever heard of Assemblyman Mark Stone, if you work with substance use disorder patients, the legislation he spurred impacts your work.

The Stone Act (AB848) provides a critical CPOM exception allowing for intervention overlap in certain medical services. Its very existence acknowledges that, in particular circumstances and for specific reasons, collaboration between physician and treatment program protects the patient more than separation does.

But with that said, the Stone Act can be of no use to you or your patients unless you fully understand how and when it excepts the CPOM and how the underlying CPOM is left untouched. And to say these specifics are confusing is an understatement.

Let the AATA, your resource for addiction treatment compliancy education, walk you through this important exception to California's corporate practice of medicine doctrine.

Some of the seminar's highlights:

- A look at the remarkable growth of the addiction treatment industry and ensuing patient safety problems – how has what's come before shaped today's climate?
- What the CPOM means to you and your program or your practice
- A clear understanding of the scope of services for drug and alcohol treatment programs
- A clear understanding of the scope of services for physicians and other licensed health professionals
- The "Rogue Rehabs" Perspective
- The Stone Act and how it provides for "incidental medical services"
- A look at issues ahead as the addiction treatment industry continues to experience inevitable growing pains
- Q&A with the presenters

Don't let the changing regulations leave you confused about your rights and responsibilities under California law . . . register today.

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