

The New Age of Patient Brokering  
Vincent DiGioia-Laird  
Monmouth County CARE Inc.  
December 14, 2025

Abstract:

Patient Brokering is a practice done within the Mental Health Industrial complex that pays kickbacks and commissions for treatment and recovery house beds. Over the years, New Jersey has done the bare minimum to prevent this practice. The bare minimum continues to be done within the state of New Jersey to say we are doing something to help, and second, to keep the flow of profits into the treatment sector. The way to continue the hefty profits is to create conflicts of interest with high level officials who sit on the boards of treatment centers and recovery houses. Today, we appear to have a new age of patient brokering within the addiction medication market, which has become undeniable.

Keyword:

Drug Treatment, Patient Brokering, Recovery Houses, conflict of interest

Addiction Medications help many people when there is a recovery plan in place and its part of one's early foundation. Unfortunately, anytime there is an opportunity to make a large amount of money, you will find these self-described professionals taking advantage of vulnerable individuals and greedy situations in the hopes of these monetary windfalls. Within the Mental Health Industrial Complex, you will find many amazing individuals who work within some of the most ethical organizations, which is a shame that this isn't industry practice within the field. Unfortunately, within this field, there is a layer of greed that exists, which is so dark that it's hard to believe it's allowed. Some of our most vulnerable populations are being manipulated by some of these recovery providers' shady practices. The form of manipulation used is the type that uses someone's pain to encourage the use of profitable forms of addiction treatment. Over the last decade, we have witnessed a tremendous increase in addiction treatment funding, which has progressed into a double-edged sword [1]. Over this time-period, we have seen many more people getting the resources they need, which is an amazing thing until that individual becomes a form of income. The interesting question that continues to come up is, at what point does an agency go from having a deep desire to help as many people as possible to being concerned with keeping the funding flowing by any means? With the ability for agencies to secure and hold on to these large financial incentives (Grants), patient brokering became a common practice. With the passage of numerous Patient Brokering bills in the state of New Jersey, this practice has changed but still exists in a different form [2].

Patient Brokering was a common practice that filled treatment and recovery house beds with kickbacks and referral fees paid by the referred treatment program. During the Christie administration, the reorganization of services from The Department of Human Services to The Department of Health was done to help make the industry more efficient [3]. Due to the

reorganization of services private funding within the mental health industrial complex began to flourish, which, in the beginning, was seen as positive. This was until individuals discovered ways to manipulate the system to make large amounts of money with an individual's admittance into one of these treatment facilities or even to obtain a bed in a private recovery house. During the Christie administration, patient brokering got out of control, which pushed New Jersey to hold hearings and committee meetings to examine this practice. Over the last decade, we have seen the increased use of addiction medications, and with the passage of the Affordable Care Act addiction treatment was significantly expanded, which brought about ways for addiction medication providers to make large profits off a vulnerable individual's pain [4].

Until we finally got our first patient brokering bill in the state of New Jersey, it was a complete free-for-all where shady practices became common ground. Bill A2280 criminalized the commissions and kickbacks for referring individuals to substance use treatment programs [5]. This was the first time that our government officials took steps to protect the vulnerable from the vultures within the mental health industrial complex. Unfortunately, even after the passage of this bill, the practice of patient brokering never completely stopped instead these shady treatment centers, recovery houses, and medication providers instead just hired individual marketers and paid them a normal salary with huge bonuses. We learned from the New Jersey commission report that these practices still exist today, which showed patient brokering was still running rampant, but in a completely different capacity [6]. This report created a new uproar, which, as a result, brought about new legislation to once again try and end the practice of patient brokering. The release of this eye-dropping report, New Jersey was encouraged to introduce a new patient brokering bill which was more comprehensive, which now included recovery house and drug testing laboratories, but still did not include addiction medication providers.

Unfortunately, today we still have forms of patient brokering happening, which in some cases are even more egregious. Over the last decade, we have seen an explosion of addiction medications, and many young individuals are utilizing these medications [7]. With the increase in funding, it has become very profitable to encourage individuals to utilize these medications. Plus, due to the highly addictive nature of these medications and the inability of individuals to stop their usage, the profits are ongoing. The way Addiction Medication has grown into a large part of the substance use field has become ethically questionable. With all the information we have on the practice of patient brokering, the addiction medication market is ripe for abuse due to the large amount of money being generated. Due to the addictive nature of addiction medications, the New Age of Patient Brokering is going to be more profitable than ever [8].

## References:

1. Difilippo, Dana 15 February 2024 State to distribute \$95M to expand safe-syringe sites and addiction recovery services State to distribute \$95M to expand safe-syringe sites and addiction recovery services New Jersey Monitor
2. Fosheim, Gregory 13 October 2025 New Jersey expands patient brokering statute to include laboratories recovery homes <https://www.mwe.com/insights/new-jersey-expands-patientbrokering-statute-to-include-laboratories-recovery-homes/>
3. Symons, Michael 25 July 2017 Pushback against Christie plan to reorganize addiction and mental health care <https://nj1015.com/pushback-against-christie-plan-to-reorganizeaddiction-and-mental-health-care/>
4. Elysa, Britney 20 January 2025 How has the Affordable Care Act impacted addiction treatment coverage? <https://carraratreatment.com/impact-of-the-affordable-care-act-onaddiction-treatment-coverage/>
5. Cook Harrison 8 October 2018 How the opioids bill seeks to address patient brokering <https://www.beckershospitalreview.com/glp-1s/how-the-opioids-bill-seeks-to-addresspatient-brokering/>
6. Brier, Bobby 7 March 2025 Lawmakers target predatory practices in addiction treatment industry <https://www.njspotlightnews.org/2025/03/new-jersey-lawmakers-targetaddiction-treatment-industry-predatory-practices/>
7. Smith, Andrew 19 May 2023 NJ Medicaid Reforms Tied to Increased Use of Opioid Addiction Treatment <https://rutgershealth.org/news/nj-medicaid-reforms-tied-increased-use-opioidaddiction-treatment>
8. Pacific Shore recovery 9 February 2025 Is Big Pharma Profiting from Addiction Treatment? <https://www.pacificshoresrecovery.com/blog/is-big-pharma-profiting-from-addictiontreatment/>