



**BRIGHTPOINT  
HEALTH**

A member of  
Hudson River Health Care

October 15, 2019

Dear Members of the Joint Senate Task Force on Heroin and Opioid Addiction:

This testimony is submitted on behalf of Hudson River Healthcare, a network of federally qualified health centers spanning the Hudson Valley, Long Island, and New York City; HRHCare and Brightpoint Health, a fellow FQHC with sites in all boroughs of New York City, merged in December 2018.<sup>1</sup> Our network of care also includes an affiliation with Community Health Action of Staten Island (CHASI). We are pleased that the Joint task force is convening regional meetings to discuss the terrible crisis of heroin and opioid use disorder that unfortunately continue to impact so many of our communities, especially here in Suffolk County, particularly the Township of Brookhaven.

In four of our ten Suffolk County Health Centers (Brentwood, Wyandanch, Shirley and Riverhead), we offer Narcan kits and opiate overdose education, access to Medication Assisted Treatment (MAT), and psychosocial support in the primary care settings, for individuals to access harm reduction support. Free Narcan kits can be obtained at any of the ten Suffolk County Health Centers. We have numerous success stories. One example is of a man we treated who was living with Hepatitis C and opioid use disorder. He was able to access suboxone treatment at his local health center. Through these services, he has been able to abstain from opioids, complete Hepatitis C treatment and be cured. The MAT programming helped him improve his physical and mental health, as well as quality of life, and enable him to be a healthy community member.

Happily, when state resources are directed to support the full spectrum of services for those with substance use disorders, including harm reduction, detoxification, residential, inpatient, outpatient and recovery services, significant strides are possible. Additionally, we want to underscore the joint task force's ongoing role, along with other leaders in the state, in addressing the continuing stigma associated with drug use and its impact on access to and funding for all levels of support and treatment for individuals and families. It is critical that our collective voices continue to play an educational role in addressing this crisis as well. It is in this vein that we offer the following comments to the task force:

**1. Take steps to enable universal access to MAT services.**

Specifically, we believe that this aim can be achieved by eliminating health insurance prior authorizations for MAT services, increasing the availability of low-threshold MAT providers (like in shelters and syringe exchanges), and passing legislation allowing access to MAT services within the state and local correctional system to ensure continuity of care during and post incarceration.

<sup>1</sup> <https://www.hrhcare.org/hudson-river-health-care-and-brightpoint-health-merge/>



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## **2. Standardize and promulgate best practices in Emergency Departments for buprenorphine use and induction**

Patients with opioid use disorder (OUD), often present to the Emergency Department (ED) requesting assistance with their OUD: with respect to accessing treatment, addressing acute opioid withdrawal syndrome (OWS), or status post nonfatal opioid overdose (OD) and reversal with naloxone. The ED providers have a unique opportunity to assist patients with OUD in these situations by treating their acute OWS with buprenorphine. ED providers do not need to be buprenorphine waived to dispense buprenorphine to patients in the ED. This intervention is potentially lifesaving for patients, as we have clear data that patients on buprenorphine have a decreased risk for mortality. Currently, people who use drugs (PWUD) are often stigmatized when in the ED: changing the dynamic between PWUD and ED staff by initiating a lifesaving treatment could be life changing for the patient. Even more effective would be having buprenorphine waived ED staff so patients could receive a buprenorphine bridge prescription until they are linked to ongoing buprenorphine care.

We also need access to funding and technical assistance for the geographic expansion of 24/7 facilities for individuals who use substances and their family members. These programs, currently operating in Suffolk, Staten Island, and Dutchess Counties, and other communities, are able to meet opioid users where they are, in order to provide a full range of harm reduction and treatment options. This includes providing a safe space to get off the streets, peer support, support groups, access to counselors, Narcan kits, and referrals to outpatient and inpatient treatment. These programs operate around the clock, allowing individuals to access them when convenient, without an appointment.

## **3. Support Buprenorphine waiver training for all medical residents in New York State**

In order to ensure that the next generation of clinical providers are well-equipped to respond to this crisis, regardless of where they eventually practice, we suggest requiring training in this area.

Thank you for consideration of these comments; as always our organization stands ready to assist as the task force proceeds with its work. Please feel free to contact our government affairs staff with any comments or questions and we will respond as promptly as possible: Hope Glassberg, SVP of Government Affairs and Strategy ([hglassberg@hrhcare.org](mailto:hglassberg@hrhcare.org) or 845-745-5842).