

**JOINT SENATE TASK FORCE ON
OPIOIDS, ADDICTION, & OVERDOSE
PREVENTION**

**PUBLIC HEARING
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TESTIMONY BY:
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Thank you for the opportunity to provide testimony this morning. My name is John Coppola and I am the Executive Director of the New York Association of Addiction Services and Professionals (ASAP), a statewide organization that represents the interests of the continuum of substance use disorders services across New York State. Included in our membership are nearly 200 agencies that provide a comprehensive continuum of services, 15 statewide and regional coalitions of programs, and a number of affiliate and individual members.

For the past eight years, we have expressed great concern about the worsening public health crisis related to prescription opioids, heroin, and, most recently, fentanyl. We pointed to the continuing upward trajectory of overdose deaths, the increasing number of individuals seeking treatment for addiction, and the unimaginable grief and stress experienced by so many families throughout New York. We expressed frustration that, in spite of our advocacy efforts urging the Governor, Senate, and the Assembly to significantly increase resources for substance use disorder prevention, treatment, recovery support, and harm reduction services, the Governor's proposed budget last year did not contain the resources needed to adequately address this emergency. We urged the Senate to work with the Assembly to increase funding in the 2019-20 State budget and reiterated our plea that "dramatic action is needed." Unfortunately, following the pattern from previous years, the 2019-20 enacted State budget did not include a significant increase in resources. Current year funding did not even allow our service providers to keep pace with inflation. Dramatic action was not taken.

During our testimony at the Senate Finance and Assembly Ways and Means Committee Budget Hearing on Mental Hygiene in February, we said: "Without the strength of significant new resources and a dedicated commitment to support the substance use disorders workforce, this public health emergency will continue to escalate in New York State, setting new records and impacting more and more families."

The magnitude of our response to this public health crisis has not matched the magnitude of the crisis itself. Year after year, prevention, treatment, recovery, and harm reduction service providers are asked to do more with fewer resources, and many cannot keep up with the demand for their services. Addiction professionals from across New York State express that they feel like they are fighting a forest fire with garden hoses.

OASAS Aid to Localities Funding Trend

Year	Funds	% Increase
2013-14	\$457,696,000	-
2014-15	\$460,896,000	0.7%
2015-16	\$474,716,000	3.0%
2016-17	\$501,490,000	5.6%
2017-18	\$507,548,000	1.2%
2018-19	\$573,405,000	13.0%
2019-20	\$579,201,000	1.0%

Since the 2013-14 State budget, New York State has increased its commitment to prevention, treatment, and recovery in communities across the State at a rate that barely keeps pace with inflation. If it were not for new, non-recurring Federal funds, the field would have actually had to absorb a cut in the current fiscal year. Documenting the impact of inadequate resources, a survey commissioned by ASAP conducted by the Center for Human Services Research in 2018 found:

- Employee recruitment and retention is a significant problem in SUD programs across the State.
- Inadequate pay was cited as the most common reason SUD program direct service staff leave the field.
- Treatment program staff vacancies create waiting lists for individuals seeking treatment, creating an access barrier to life-saving services.
- Many treatment beds remain empty due to inadequate staff to provide care and supervision.
- Nearly 70% of survey respondents from inpatient and outpatient treatment programs said staff vacancies have become a greater problem due to the opioid and heroin epidemic. Of course, this is understandable, given the emotional stress and frustration related to overdose deaths.
- Hiring incentives available to other professions, including student loan forgiveness, scholarships for training, education, and certification, and other incentives to recruit and retain staff are frequently not available.

To help remedy the inadequacy of our response to this public health crisis, ASAP recommends that the Task Force ask the Governor to include a dedicated and sustainable funding stream in his 2020-21 budget proposal to support the existing SUD service delivery system. Funds from settlements with Pharma could be used to create the dedicated funding stream needed by the field. We ask that you include a recommendation in your report that creates a dedicated fund for the field using settlement funds. To address the workforce crisis and the fiscal instability of SUD programs, a dedicated funding stream is the necessary foundation for our next steps forward in addressing the opioid crisis and other addiction issues.

We urge the Senate Task Force to include in its recommendations support for school and community-based prevention programs that not only work with individuals and families that have been impacted by the addiction crisis, but also help to prevent future incidents. In making its recommendation, we encourage the Task Force to specifically reference the importance of strong community-based services, as well as prevention counselling and other prevention strategies in school settings.

Availability of hospital and community-based detoxification services is lacking in many communities across New York State, in part because of poor reimbursement rates and in part because some communities have been historically underserved. Poor reimbursement rates have led many hospitals to shutter their detoxification units, and many more community based

organizations have handed their licenses back to OASAS because of fiscal hardship. At a time when detoxification services are most needed, we are severely limited in our capacity to address those needs. ASAP encourages the Senate Task Force to include in its recommendations that New York State strengthen the reimbursement rates and the business model for hospital and community-based detoxification, and that detoxification services be accessible in every region of the state.

At all levels of care, Medicaid reimbursement rates should be closely examined to determine the degree to which they compensate programs for the actual cost of providing services. Because of inadequate reimbursement rates – some of which that have not been adjusted in over 10 years – programs are increasingly in economic distress as they help to address the needs of individuals whose Medicaid managed care plans compensate programs far less than the cost of providing services.

We strongly encourage the Task Force to establish a Medicaid workgroup – comprised of representatives from the legislature (including legislative staff), OASAS, DOB, and addiction service providers – to examine the current rate structure and provide a set of recommendations that ensures that rates will at a minimum cover the costs of services being delivered.

We would also like the Task Force recommendations to include creation of a committee to examine the adequacy of the continuum of addiction services in each region of the state. Specifically, the committee could examine gaps in prevention, treatment, recovery, and harm reduction services, and make recommendations to ensure a comprehensive continuum of services on a county-by-county basis.

To the extent that the state's recovery support system has yet to be fully established in all counties across the state, and to the extent that existing recovery services have largely been financed by one-time Federal funds, we urge the Senate Task Force to recommend that recovery services be established in every county, and that these services be financed with a reliable funding stream, as referenced earlier in our testimony.

Harm reduction services are a vital component of the SUD services continuum. We urge the Task Force to include in its recommendations that every county in New York State receive resources to support an array of harm reduction services. We ask that the Senate Task Force include in its recommendations that (1) first responders carry and administer naloxone, (2) that naloxone is co-prescribed along with any prescription for opioids (3) that all emergency departments and emergency clinics be required make naloxone widely available and (4) to provide naloxone kits, naloxone education, and referrals to appropriate treatment to patients who were treated for an overdose upon their discharge from emergency departments and emergency clinics.

As the field continues to struggle with a workforce crisis, we were encouraged that the 2019-20 budget included a fund that would provide student loan forgiveness to people working in the

SUD field. We ask that the Task Force include in its recommendations an endorsement of the fund and a significant enhancement of the resources available in the fund.

ASAP is pleased that the Senate and Assembly have worked together with the Governor to improve access to treatment and to create a more favorable environment in regards to Medicaid and commercial insurance that have removed barriers to treatment and recovery. We are hopeful that the Governor will sign into law legislation passed by the Senate and Assembly last year that would remove prior authorization for all formulations of Medication Assisted Treatment under both Medicaid and commercial insurance.

As the Task Force prepares its set of recommendations, we ask that you set the goal of matching the magnitude of this epidemic of overdose and addiction with a multi-pronged strategy of equal or greater magnitude.

We would like to thank Senator Harckham, Senator Rivera, and Senator Carlucci for their leadership, transparency, and commitment to diverse input as these hearing have been conducted across the state. We look forward to your recommendations and working together collaboratively in the near future.

Thank you.