



Testimony Before the Joint Senate Task Force on Opioids, Addiction & Overdose Prevention

Delivered by Ashley Brody, MPA, CPRP
Chief Executive Officer
Search for Change, Inc.

Good afternoon. My name is Ashley Brody and I currently serve as Chief Executive Officer of Search for Change, Inc., a nonprofit social service organization that provides supportive housing, vocational rehabilitation, and care management services to individuals with serious mental illness and substance use disorders. My organization serves many of our region's most vulnerable citizens. Like many of my counterparts in other health and social welfare organizations, I have borne witness to a striking increase in the incidence of substance misuse and abuse among my clientele in recent years.

I would like to thank Senators Harckham, Carlucci, and Rivera, Co-Chairpersons of the New York State Joint Senate Task Force on Opioids, Addiction, and Overdose Prevention, for the opportunity to testify at this public hearing. I thank the Senators for their commitment to battling the scourge of substance misuse and abuse and to working with many stakeholders in the public and private sectors in marshalling the resources necessary to effectively address this crisis.

A complete survey of the innumerable strategies available to combat addiction is well beyond the scope of my three minutes of testimony, so I wish to focus on access to treatment and an enduring barrier to it that prevents many of our citizens from receiving potentially life-saving interventions.

It is well known that addiction does not discriminate; individuals of diverse socioeconomic, racial, ethnic, and cultural backgrounds are similarly afflicted. Nevertheless, those who face significant economic challenges are often most vulnerable to substance misuse and abuse. Many of the individuals entrusted to my agency's care live in poverty and must rely on publicly funded benefits, such as Medicaid, to access essential health and social services. The Medicaid program provides a veritable lifeline for many, and it is therefore essential for us to preserve its essential elements, especially as our state is in the midst of moving many of its benefits into privately-operated Managed Care plans.

Many private Managed Care Organizations, some of which are for-profit concerns whose primary obligation is to their shareholders, have earned dubious reputations for maximizing profits at the expense of their members. Some are especially notorious for denying coverage for mental health and substance use services, so much so that sweeping legislation enacted at both federal and state levels, such as the Mental Health Parity and Addiction Equity Act of 2008, has been necessary in order to address this inequity. Although New York State has taken laudable steps to ensure Managed Care plans' compliance with applicable parity laws, our statewide experiment with



Managed Care for its Medicaid recipients is still in its infancy and we must remain vigilant to mismanagement and abuse. We have already witnessed repeated lapses in compliance by one plan in particular. These have become so systemic that the New York State Council for Community Behavioral Healthcare, a trade and advocacy organization that represents my organization and many others with a shared mission and clientele, has called upon the State to cancel its contract with this plan.

Thus, I urge the members of the Task Force to use their authority, in partnership with their colleagues in the New York State Senate and Assembly, to ensure private Managed Care Organizations that hold contracts for the administration of Medicaid-funded services for our most vulnerable citizens abide by all prevailing parity laws and regulations, both in letter and in spirit.

I thank you again for this opportunity to testify and, most importantly, for your public service in support of this very important issue.