



2018 ANNUAL REPORT

New York State Assembly

Carl E. Heastie

Speaker

Committee on

Alcoholism and Drug Abuse

Linda B. Rosenthal

Chair





LINDA B. ROSENTHAL
Assembly Member 67th District

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

CHAIR
Committee on Alcoholism and Drug Abuse

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Delegate at Large
New York State Legislative Women's Caucus

December 15, 2018

Honorable Carl E. Heastie
Speaker of the Assembly
Legislative Office Building, Room 932
Albany, NY 12248

Dear Speaker Heastie:

On behalf of the Assembly Standing Committee on Alcoholism and Drug Abuse, I respectfully submit the Committee's 2018 Annual Report. During my tenure as Chair, I have engaged with the substance use prevention, treatment and recovery community by convening meetings with stakeholders and holding hearings on various topics relevant to the committee. Additionally, I have attended and participated in numerous events that were held to highlight key initiatives and address challenges for substance dependence prevention, treatment and recovery providers. In light of the growing epidemic, I will continue to advocate for the investment of additional resources in effective prevention, treatment and recovery programs statewide.

The State Fiscal Year (SFY) 2018-2019 Enacted Budget continued funding support for heroin and opiate abuse prevention, treatment and recovery services and expanded access to these services for people who have been afflicted by the opioid epidemic across New York. It also established an Opioid Stewardship Fund to provide \$100 million in funding for heroin and opioid prevention, treatment, and recovery programs, and while the constitutionality of the Stewardship Fund is currently being challenged in court, the money is needed regardless of the outcome.

In the upcoming legislative session, the Committee will continue to examine, develop and consider policies designed to help every New Yorker impacted by a substance use disorder. I look forward to working with you and my Assembly colleagues to ensure that effective prevention, treatment and recovery services are accessible to all individuals and families who are affected by substance use disorder and problem gambling.

Thank you for your continued commitment to preventing the spread of the opioid crisis to further regions across our state.

Sincerely,

Linda B. Rosenthal
Chair
Assembly Committee on Alcoholism and Drug Abuse

**2018 ANNUAL REPORT
OF THE
NEW YORK STATE ASSEMBLY
STANDING COMMITTEE ON ALCOHOLISM AND DRUG ABUSE**

**Linda B. Rosenthal
Chair**

Committee Members

Majority

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Michael G. DenDekker
John McDonald III
Dan Quart
Al Stirpe
Maritza Davila
Patricia Fahy
Nathalia Fernandez

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Douglas Smith

Committee Staff

Nicholas Guile – Committee Clerk

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Jennifer Sacco – Assistant Secretary for Program and Policy
Jessica Barry – Associate Counsel
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I. INTRODUCTION

The Assembly Committee on Alcoholism and Drug Abuse develops and considers legislation impacting programs that provide prevention, treatment, and recovery services for individuals and families in New York State.

The Committee has oversight over the New York State Office of Alcoholism and Substance Abuse Services (OASAS) to ensure that policies and initiatives will improve access to and expand prevention, treatment, and recovery services statewide.

OASAS oversees a service system that includes more than 1,600 prevention, treatment and recovery programs. These programs deliver services to approximately 100,000 individuals on any given day and approximately 240,000 people each year. OASAS also operates 12 Addiction Treatment Centers (ATCs), which provide inpatient rehabilitation services to roughly 8,000 persons each year.

The Office provides education and training to persons dealing with clients and administers a professional credentialing process for addiction professionals, including certified alcoholism and substance abuse counselors, prevention professionals and specialists, and problem gambling counselors.

II. STATE BUDGET HIGHLIGHTS

The Committee carefully considered funding priorities and how to effectively allocate resources. Some of the highlights from the SFY 2018-19 Enacted Budget include:

A. Heroin and Opioid Abuse Prevention, Treatment, and Recovery Services Funding

With the growing heroin and opioid epidemic, the SFY 2018-19 Budget provides **\$227.7 million** to the Office of Alcoholism and Substance Abuse Services (OASAS), to support Opioid Abuse Prevention and Treatment Services, as well as a \$10 million restoration of capital funding.

In addition to the continued support, the budget provides an increase of **\$17.1 million** in funding, which was allocated in recognition of the need for more support and services to expand upon necessary and effective substance use prevention, treatment and recovery services across the state.

This funding will support a variety of programs and initiatives, including:

- **Residential Treatment Beds (\$75 million):** This funding supports counseling and related services for approximately 8,000 individuals residing in residential programs, with stays lasting between several months and several years, depending on treatment needs.
 - **Residential Treatment Capital (\$10 million):** Additionally, the Legislature restored \$10 million in capital funding for residential bed and opioid treatment program development.
- **Supportive Housing Units (\$9 million):** This funding supports beds established through the NY/NY III, and Upstate and Re-Entry Supportive Housing programs.
- **Opioid Treatment Programs (\$48 million):** This funding supports methadone-to-abstinence and methadone maintenance services to approximately 45,000 clients in residential or outpatient settings.
- **Outpatient Services (\$22 million):** This funding supports group and individual counseling, social and health care services, and life-skills development.
- **Crisis and Detoxification Programs (\$8 million):** This funding supports programs to manage and treat withdrawal, which occurs in a three-day to two-week time period.
- **State-Operated Addiction Treatment Centers (ATC) (\$30 million):** This funding supports individuals with heroin/opiate use disorders that seek treatment in the state-operated ATC programs.
- **Narcan Kit Program (\$5 million):** This funding supports the purchase of Narcan kits at the State's Opioid Overdose Prevention Programs.
- **Mental Health Ombudsman Program (\$1.5 million):** The Legislature provided \$1.5 million to establish an independent substance use disorder and mental health ombudsman program.

- **Other Heroin and Opioid Addiction Treatment Support (\$35 million):** This funding supports the continuation of programming, including:
 - Residential Treatment Beds;
 - Opioid Treatment Program slots;
 - Community Coalitions;
 - Family Support Navigators;
 - Peer Engagement Specialists;
 - Adolescent Clubhouses;
 - Recovery Community and Outreach Centers;
 - 24/7 Urgent Access Centers;
 - Recovery High Schools; and
 - Certified Recovery and Peer Advocate Scholarships.

B. Substance Abuse Prevention and Intervention Specialists (SAPIS)

A SAPIS worker provides violence and drug prevention and intervention services, including individual, group, family and crisis counseling; classroom presentations; peer programming; social skills groups; and where necessary, referrals to professional services.

The SFY 2018-19 Enacted Budget provided **\$16.9 million** for the continuation of prevention and treatment services for problem gambling and chemical dependency prevention that are delivered by SAPIS workers.

C. Worker Wage Increases

In recognition of the need to provide a living wage for direct care workers, the SFY 2018-19 Enacted Budget provides \$145.8 million in state share funding across various state agencies to support the second year of 3.25 percent salary increases for direct care and support workers that took effect April 1, 2018, including \$10.35 million for programs supported by OASAS.

In addition, the SFY 2018-19 Budget includes a total of \$766.96 million in state share funding to provide support to direct care providers' costs associated with the increase in the State's minimum wage, including \$7.05 million to support the costs associated with OASAS providers.

D. Opioid Stewardship Program

The Opioid Stewardship Program establishes a \$100 million annual opiate stewardship payment. Each licensed manufacturer and distributor will make an opioid stewardship payment based on the organization's share of the total morphine milligram equivalents sold in the State. The program prohibits a manufacturer or distributor from passing on the cost of their stewardship payment to a purchaser. These funds will be used for opioid treatment, recovery, and prevention and education services.

III. SIGNIFICANT LEGISLATION - 2018

The Committee is dedicated to supporting legislation that will help ensure the highest quality of care for persons with substance use and problem gambling issues. In the 2018 legislative session, the Committee developed and advanced important pieces of legislation which included:

1. Prohibition of Kickbacks and Other Deceptive Practices A.7689A (Rosenthal)/S. 6544B (Akshar); Signed, Chapter 223

Individuals seeking treatment for substance use disorders are often vulnerable to the malpractice of treatment programs and patient brokers who engage in deceptive and exploitative practices. Patient brokering is a form of health care fraud that puts vulnerable individuals at risk for inappropriate treatment. This law prohibits any bribery, kickbacks, or other incentivizing of referrals for treatment for substance use disorder treatment and services. The law will prevent predatory practices among substance use disorder providers. Any individual or organization that intentionally violates these provisions, either in the form of offering or receiving a kickback in exchange for a patient referral will be found guilty of a misdemeanor.

2. Development of Training Materials for Alcoholism and Chemical Dependence Screening A.3091 (Cymbrowitz)

Screening, brief intervention and referral to treatment (SBIRT) is an evidence-based practice which has been a successful model for modifying behavioral patterns with people suffering from substance use disorder and in identifying individuals who are in need of more extensive, specialized treatment. This bill would expand the SBIRT program by requiring OASAS to develop additional resources for training and materials for qualified health care providers and professionals in the administration of SBIRT to patients.

3. Quarterly Reporting on Status and Outcomes of Heroin and Opioid Epidemic Initiatives A.10177A (Rosenthal)

Continuing the fight against the heroin and opioid epidemic, this bill would require OASAS to provide quarterly reports on the status and outcomes of various initiatives to address the crisis. This would enable OASAS to increase their efficacy by providing a comprehensive method of aggregating information in order to see a broad view of issues and shortcomings that still exist within the prevention, treatment, and recovery continuum for substance use disorder.

4. Online Directory for Opioid Antagonist Distributors A.10991A (Rosenthal)

Overdose deaths from opioids can be entirely preventable given the correct tools and medication. Naloxone, the primary medication used to reverse opioid overdose, is an affordable and life-saving treatment that should be much more widely distributed than it currently is. New York residents should be able to easily access this medication, which is why this legislation requires OASAS to maintain a directory of all distributors of opioid antagonists. This directory would include, but not limited to, pharmacies, not-for-profits and treatment programs.

IV. LEGISLATIVE HEARINGS

A. Assessing and Improving Access to and Availability of Drugs to Prevent Opioid Overdose Deaths.

May 17, 2018, New York City

Opioid antagonists, such as naloxone, are potentially life-saving prescription medications used to reverse overdoses caused by heroin and opioids. New York State has made progress expanding access to naloxone and similar drugs. In 2006, New York State passed a law authorizing non-medical personnel to administer naloxone to individuals who seek it. A 2014 law expanded this to allow the prescribing, dispensing, and distribution of opioid antagonists by a non-patient specific order. In addition, many first responders now receive training to administer naloxone.

On May 17, 2018, the Assembly Standing Committee on Alcoholism and Drug Abuse convened a hearing on the availability of and access barriers to life-saving overdose medications such as naloxone, and the steps the State can take to get this medication into the hands of more individuals. The hearing was chaired by Assemblymember Linda B. Rosenthal, Assemblymember Richard N. Gottfried, and Assemblymember Kevin A. Cahill. Other participants included Assemblymembers Amy Paulin, Harvey Epstein, and Rodneyse Bichotte, OASAS, DOH, DFS, the Drug Policy Alliance, ASAP, as well as other advocates and providers throughout the state.

Many witnesses agreed that the expansion of access and distribution of this medication is vital to diminish the numbers of fatal opioid overdoses throughout the state. This includes availability at widespread and accessible locations, such as pharmacies and treatment centers. It also includes widespread distribution at community-based organizations that serve vulnerable populations, such as the homeless and/or previously incarcerated, which are at high risk for substance use disorder and overdose. Additionally, many witnesses called for increased access to overdose-reversal drugs and training for first responders, not only for emergency medical technicians, but for police officers and firefighters as well. It was also mentioned that this training should be coupled with information on how to bridge affected individuals to treatment options.

B. Effectiveness of Medication-Assisted Treatment Programs in Correctional Facilities

November 14, 2018, New York City

According to a national study conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2011, the percentage of incarcerated individuals with a substance use disorder is disproportionately higher than for individuals in the general population: 53% in state prisons and 68% in jails, compared to 8.5% in the general public. Medication-assisted treatment (MAT) is now the standard of care for those struggling with a substance use disorder. MAT programs in correctional facilities may help to reduce recidivism, fatal drug overdoses and the transmission of infectious diseases.

On November 14, 2018, the Assembly Standing Committee on Alcoholism and Drug Abuse convened a hearing on the efficacy of medication-assisted treatment (MAT) programs in New York State and local correctional facilities, as well as any additional supports and services that may be utilized to serve unmet treatment needs. The hearing was chaired by Assemblymember Linda B.

Rosenthal, Assemblymember Richard N. Gottfried, and Assemblymember David L. Weprin. Other participants included Assemblymembers Jaffee and Fernandez, as well as representatives from OASAS, DOCCS, the Coalition for Medication-Assisted Treatment Providers and Advocates (COMPA), Alcoholism and Substance Abuse Providers of New York State (ASAP-NYS), and other service providers and advocate organizations throughout the state.

Witness testimony largely agreed that the use of MAT in correctional facilities continues to be increasingly important for helping these vulnerable populations overcome substance use disorders. While stigmas against addiction and MAT still exist, it is important to realize that substance use disorder is a real and serious medical condition and should be treated as such. Witnesses called for the implementation of MAT programs in every state and local correctional facility in New York State, as well as for connections to care for those who are released back into society and need to continue treatment.

C. Adequacy of Funding for Prevention, Treatment, and Recovery Services

December 11, 2018, New York City

Opioid addiction is a public health emergency, and substance use disorders affect more than 20 million people nationwide according to the Substance Abuse and Mental Health Services Administration (SAMHSA). In New York State, the Office of Alcoholism and Substance Abuse (OASAS) estimates that over 2 million people suffer from a substance use disorder, however only a small fraction of those, a mere 240,000 annually, ever seek treatment. According to OASAS, comprehensive and targeted services are proven methods for connecting more people with prevention, treatment and recovery services statewide.

On December 11, 2018, the Assembly Standing Committee on Alcoholism and Drug Abuse convened a hearing on the adequacy of funding for prevention, treatment, and recovery services in New York State. The hearing was chaired by Assemblymember Linda B. Rosenthal, and other participants who provided testimony included OASAS, the Association of Alcoholism and Substance Abuse Providers, the Ryan Center, and the Legal Action Center, amongst others.

Many witnesses presented testimony that portrayed the needs of individuals and providers throughout the state. A significant number of witnesses repeated the need for adequate workforce funding. Providers have struggled for many years to retain staff and pay them well, leading to a high turnover rate and understaffing which ultimately jeopardizes the patient's health and treatment outcomes. Witnesses also stressed the importance of funding for harm reduction and health equity practices, such as supervised consumption sites, syringe exchange programs, and supportive housing in order to remove barriers to care and treat patients with dignity and respect. Likewise, there was a continued call for removing the stigma of addiction treatment throughout the medical community. These efforts, in conjunction with increased funding for current treatment practices, were noted as vital to the effort to reverse the effects of the heroin and opioid epidemic.

APPENDIX A

2018 SUMMARY OF ACTION ON BILLS REFERRED TO THE ALCOHOLISM AND DRUG ABUSE COMMITTEE

<u>Final Action</u>	<u>Assembly Bills</u>	<u>Senate Bills</u>	<u>Total Bills</u>
Bills Reported With or Without Amendment			
To Floor; Not Returning to Committee	0	0	0
To Ways and Means	3	0	3
To Codes	0	0	0
To Rules	0	0	0
To Judiciary	0	0	0
TOTAL	3	0	3
Bills Having Committee Reference Changed			
TOTAL	0	0	0
Senate Bills Substituted or Recalled	0	0	0
TOTAL	0	0	0
Bills Defeated in Committee	0	0	0
Bills Held for Consideration with a Roll Call Vote	1	0	1
Bills Never Reported, Died in Committee	24	4	28
Bills Having Enacting Clause Stricken	1	0	1
TOTAL BILLS IN COMMITTEE	29	4	33
Total Number of Committee Meetings Held	2		