NOTICE OF PUBLIC HEARING

SUBJECT: Substance Use Disorder Services and Barriers to Accessing Those Services

PURPOSE: The purpose of this hearing is to examine substance use disorder services within the context of the State Fiscal Year (SFY) 2019-2020 Enacted Budget

New York City
Tuesday, December 17th, 2019
11:00 A.M.
Assembly Hearing Room
19th Floor, 250 Broadway

Over the past several years, the state of New York has worked to address the heroin and opioid crisis by creating comprehensive legislative bill packages, funding initiatives, and insurance reform. However, according to the Department of Health (DOH), admissions to state certified substance use disorder treatment facilities have continued to increase dramatically. In addition, DOH and the Office of Alcoholism and Substance Abuse Services have reported that the overall opioid overdose death rates across the state have continued to rise. While research has shown evidence-based approaches are the most effective it is equally important to address the many structural barriers and collateral consequences flowing from substance use disorder.

This hearing is intended to examine other substance use disorder services provided by state operated and licensed facilities and treatment and areas of recovery that should be explored. This hearing is also intended to examine the efficacy of former and current initiatives and how they may be improved upon in upcoming years.

Oral testimony will be limited to 5 minutes. In preparing the order of witnesses, the Committees will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible. In the absence of a request, witnesses will be scheduled in the order in which reply forms are postmarked.

Ten (10) copies of any prepared testimony should be submitted at the hearing registration desk.

In order to further publicize these hearings, please inform interested parties and organizations of the Committee’s interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the New York State Senate and Assembly have made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Senate and Assembly facilities and activities.

Linda B. Rosenthal
Member of Assembly
Chair
Committee on Alcoholism and Drug Abuse
PUBLIC HEARING REPLY FORM

Persons presenting testimony at the public hearing on Substance Use Disorder Services are requested to complete this reply form by Friday, December 13th at 1:00pm, and mail, email or fax it to:

Katie Jesaitis
Committee Analyst
Assembly Program and Counsel
Room 442 - Capitol
Albany, New York 12248
Email: jesaitisk@nyassembly.gov
Phone: (518) 455-4371
Fax: (518) 455-4693

☐ I plan to attend the public hearing on “Substance Use Disorder Services” to be conducted by the Assembly Committee for Alcoholism and Drug Abuse on Tuesday, December 17th.

☐ I plan to make a public statement at the hearing. My statement will be limited to 5 minutes, and I will answer any questions which may arise. I will provide 10 copies of my prepared statement.

☐ I will address my remarks to the following subjects:
____________________________________________________________________
____________________________________________________________________

☐ I do not plan to attend the above hearing.

☐ I would like to be added to the Committee mailing list for notices and reports.

☐ I would like to be removed from the Committee mailing list.

☐ I will require assistance and/or handicapped accessibility information. Please specify the type of assistance required: ________________________________________________________________

NAME: _____________________________________________________________________
TITLE: ___________________________________________________________________
ORGANIZATION: ____________________________________________________________
ADDRESS: _________________________________________________________________
E-MAIL: ___________________________________________________________________
TELEPHONE: _______________________________________________________________
FAX TELEPHONE: ___________________________________________________________