# NEW YORK STATE ASSEMBLY



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Carl E. Heastie • Speaker Phil Steck • Chair



## ANNUALREPORT



THE ASSEMBLY STATE OF NEW YORK ALBANY

CHAIR Committee on Alcoholism and Drug Abuse

> COMMITTEES Health Insurance Judiciary Labor Oversight, Analysis and Investigation

Phillip Steck Member of Assembly 110th District

December 15, 2022

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 2022 Annual Report. During my second year as Chair, I have engaged with the substance use prevention, treatment, and recovery communities 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 use prevention, treatment, and recovery providers.

A key accomplishment of the State Fiscal Year (SFY) 2022-2023 Enacted Budget was the establishment of a voluntary certification process for recovering residences. This was done by outlining minimum regulations for certification and including prohibited practices of providers who operate or purport to operate a certified recovery residence. This policy will allow those in recovery to confirm they are getting the assistance they need in a safe and certified residence.

This Legislative session, the state continued funding for the Opioid Settlement Fund. In the SFY 2023-24, \$68.7 million will be disbursed with \$7.5 million allocated to local governments and \$61.2 million allocated for state investments. On November 1, 2022, the Opioid Advisory Board published recommendations regarding the investment of future disbursements from the settlement fund.

In the upcoming Legislative session, the Committee will continue to examine, develop, and consider policies designed to help every New Yorker impacted by problem gambling or 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 have been affected by substance use disorder and problem gambling.

Thank you again for your continued support of the Assembly Standing Committee on Alcoholism and Drug Abuse. I look forward to a productive Legislative Session.

Sincerely,

Phil Sterk

Phillip Steck Chair, Assembly Committee on Alcoholism and Drug Abuse

#### 2022 ANNUAL REPORT OF THE NEW YORK STATE ASSEMBLY STANDING COMMITTEE ON ALCOHOLISM AND DRUG ABUSE

#### Phillip Steck Chair

#### **Committee Members**

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#### **Minority**

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Megan Kaminski – Committee Clerk

#### **Program and Counsel Staff**

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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 of the New York State Office of Addiction Services and Supports (OASAS) to ensure that its policies and initiatives will improve and expand access to 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 over 700,000 individuals each year. OASAS also operates 12 Addiction Treatment Centers (ATCs), which provide inpatient rehabilitation services to roughly 8,000 people each year and oversees a comprehensive education and prevention program located in 160 school- and community-based providers throughout the state.

The Office of Addiction Services and Supports provides education and training to professionals working 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 2022-23 Enacted Budget include:

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

With the continuing surge in the heroin and opioid epidemic, the SFY 2022-23 Budget provides **\$417.9 million** to the Office of Addiction Services and Supports (OASAS), to support Opioid Abuse Prevention and Treatment Services.

In addition to the continued support, the Legislature provides a decrease of **\$50.3 million** in funding from the Executive proposal. This decrease is associated with adjusting the Executive's proposed appropriation for the Opioid Settlement Fund to better reflect disbursements occurring in SFY 2023. Total SFY 2022-23 OASAS funding is **\$1.48 billion** 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:

- ♦ **State-Operated Services (\$23 million):** This funding supports individuals with heroin/opiate use disorders that seek treatment in the state-operated ATC programs.
- Naloxone Kits and Training (\$12.2 million): This funding supports the purchase of Naloxone kits at the State's Opioid Overdose Prevention Programs.
- ♦ Jail-Based Substance Use Disorder Treatment (\$8.8 million): This funding continues support for substance use disorder treatment services in county jails.
- Mental Health Ombudsman Program (\$1.5 million): This continued funding supports an independent substance use disorder and mental health ombudsman program.
  - The Behavioral Health Compliance Fund, will continue to collect penalties from insurers who violate Federal and State behavioral health parity laws, would contribute up to \$5 million to support the Substance Use and Mental Health Ombudsman Program, for a total of \$6.5 million.

#### **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 2022-23 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. Cost of Living Adjustment (COLA)

The Legislature provided a 5.4% cost of living adjustment (COLA) for human services providers, and authorized the COLA starting April 1, 2022, through March 31, 2023. The total state share for SFY 2023 is \$379.7 million for all Mental Health agencies, with \$33.7 million for OASAS not-for profit providers.

#### **D.** Opioid Settlement Fund

In SFY 2022-23, \$191.3 million was dispersed with, \$113.5 million allocated to local governments and \$77.8 million allocated to support state investments agreed upon during budget negotiations. In SFY 2023-24, \$68.7 million will be disbursed with \$7.5 million allocated to local governments and \$61.2 million allocated for state investments.

On November 1, 2022, the Opioid Advisory Board published recommendations regarding the investment of future disbursements from the settlement fund. The advisory board recommends the following:

- *Harm Reduction:* Funding to support evidence-based strategies to provide harm reduction counseling, supplies and services to reduce the adverse health effects associated with substance use disorder (SUD).
- *Treatment Services:* Ensure access to full continuum of services across agencies that address the health and behavioral health care of individuals in need of those services.
- *Investment Across Service Continuum:* Utilize funding to invest in optimizing organization budgets and reimbursement structures, improving data and technology infrastructure and equipment, growing, and stabilizing the workforce and creating and expanding integrated care delivery.
- *Priority Populations:* Development of relevant services for populations that face higher overdose and poor health outcomes. These populations include individuals involved in the criminal justice system, prenatal and postpartum parents, those with co-morbid medical needs, persons under the age of 18 and young adults, veterans, Native Americans, and individuals within the LGBTQIA+ community.
- *Housing*: Funding to be used to support recovery, transitional, supportive and youth housing. In addition, support should be provided for housing services that provide access to training and opportunities, connection to permanent housing, treatment of co-occurring mental health and SUDs and childcare.
- *Recovery:* Establishing and expanding sustainable integrated care in all communities, including recovery community outreach centers, community-based recovery organizations, and Recovery Friendly Workplaces.
- *Prevention:* The promotion, expansion, enhancement, and further development of evidence-based, and trauma informed integrated prevention programing in partnership with the state, community-based organizations, and schools.
- *Transportation:* Significant investment to support local and regional planning to explore alternatives to Medicaid transportation and to create transportation solutions that enables patients to commute to locations that would improve their health outcomes.
- *Public Awareness Activities:* Development and implementation of statewide public education campaigns addressing the dangers of fentanyl, ending the stigma of SUDs, promoting resources (988, HOPEline etc.),

the creation of multi-stakeholder coalitions with access to media outlets and other resources to develop local needs identification campaigns, and highlighting recovery and stories of hope

• *Research:* Funding be used to conduct studies on several topics that agency commissioners will utilize to keep the Board updated on current trends and evidence-based practices they are aware of or acting upon.

#### **E. MATTERS Program Expansion**

The Legislature includes an additional \$6 million in funding to support the statewide expansion of the MATTERS Program, for a total of \$8 million. MATTERS utilizes an electronic referral platform to connect individuals with opioid use disorder (OUD) to Medication Assisted Treatment (MAT).

#### **IV. SIGNIFICANT LEGISLATION**

The Committee is dedicated to supporting legislation that will help ensure the highest quality of care for people living with a substance use and/or problem gambling disorder. In the 2022 legislative session, the Committee developed and advanced important pieces of legislation which included:

#### 1. Opioid Overdose Education

A.348-A (Braunstein)/ S.2976-A (Harckham); Passed Both Houses

The availability of an opioid antagonist is crucial in ensuring that overdose deaths do not occur. However, an opioid antagonist can only be effective as an antidote if it is readily accessible when an overdose is happening. In 2018, the United States Surgeon General issued the first national advisory in over a decade, urging all Americans to carry naloxone.

This law would require individuals being released from an OASAS facility, a correctional facility or a hospital in certain situations to be provided with educational materials regarding overdoses as well as two doses of naloxone to bring home upon discharge.

This legislation is building off a law enacted as part of the 2016 opioid package, which required hospitals to provide individuals being discharged who were suspected of having a substance use disorder with informational materials about where they can find out about available services. This bill would also complement the recently enacted legislation requiring correctional facilities to provide individuals with a one-week supply of MAT drugs.

#### 2. Treatment Equity Board within OASAS

A.8781(Rosenthal, L)/S.7693(Harckham); Signed, Chapter 4 of 2022

This law would establish the Council for Treatment Equity as a subcommittee of the Behavioral Health Services Advisory Council. Additionally, the bill would allow for the appointment of four additional members to the existing advisory council who have expertise in working with individuals from vulnerable communities who are receiving or seeking to receive substance use disorder treatment services.

#### 3. Training Materials SBIRT Program

A.8419 (Cymbrowitz)/S.345 (Kaplan); Delivered to Governor

SBIRT (Screening, Brief Intervention, and Referral to Treatment program) is an evidence-based approach to identify patients who use alcohol and other drugs at risky levels with the goal of reducing and preventing related health consequences, disease, accidents and injuries. Currently, OASAS offers a 4-hour training course for doctors in order to receive their SBIRT certification and utilize SBIRT in their practice. They also have brochures on their website with very broad general information about SBIRT. Currently, OASAS has also already developed these training materials administratively but since this bill has passed the Senate, we were comfortable from a policy perspective to codify this requirement in statute.

This bill requires OASAS to develop training materials for health care providers and qualified health professionals to encourage implementation of the screening, brief intervention, and referral to treatment program (SBIRT).

#### 4. Addiction Services Pilot Program

A.8503-A (Woerner)/ S.7650-A (Harckham); Reported to Ways and Means

This law would establish an intensive addiction and medical services integrated services pilot program. The pilot program will support two three-year demonstration programs located in rural and urban areas, that would provide addiction and medical services to individuals who have significant addiction and medical issues. The bill also requires the commissioner to provide a written evaluation that addresses the overall effectiveness of the demonstration, identify best practices for services provided under the demonstration programs and any additional services that may be appropriate

#### 5. Opioid Settlement Fund

A.8757 (Woerner)/ S.7870 (Rivera); Signed, Chapter 171 of 2022

New York State was successful in seeking financial compensation resulting from various lawsuits and legal actions against entities that manufactured, distributed, sold, or promoted opioids which aided in the development of the opioid epidemic. To secure such monumental funds, the State enacted a law to establish an Opioid Settlement Fund to house all future opioid-related settlement dollars to be used only for approved purposes.

Specific provisions included:

- Establishing an Opioid Settlement Fund for all future opioid settlement agreement moneys received by the State.
- Ensuring that such funds would not be used to supplant or replace any federal or state funds.
- Defining eligible expenditures, which included substance use disorder prevention, treatment, and recovery programs; statewide education campaigns; harm reduction counseling and services to reduce the adverse health consequences associated with substance use disorder; medication assisted treatments, including medication assisted treatment provided in correctional facilities; housing services for individuals in recovery; community based programs aimed at reducing involvement in the criminal justice system for those with, or at risk of developing, a substance use disorder; programs for pregnant women who have a history of substance use disorder; and educational or vocational training for those with, or at risk of developing, a substance use disorder.
- Ensuring all funding allocations would be subject to appropriation by the legislature.
- Establishing an Opioid Advisory Board to make recommendations to the legislature on how settlement funds should be allocated.
- Additional language was included to ensure that funds received by the State through opioid settlement agreements can be expended by State Agencies and excluded such funds from being deposited into the State's General Fund.

#### 6. CHAMP Program

A.9344-A (Steck.)/ S.8057-A (Harckham); Signed, Chapter 517 of 2022

This bill would require OASAS and the Office of Mental Health to do outreach to various state agencies including Division of Veterans' Services, Office for People With Developmental Disabilities, Office of Children and Family Services, Department Of Corrections and Community

Supervision and other entities providing such services to make such entities aware of the independent substance use disorder and mental health ombudsman program and the assistance the ombudsman provides.

CHAMP is the not for profit provider that was selected to operate the ombudsman program. The goal of the ombudsman program is to educate and assist New Yorkers in accessing treatment and insurance coverage for substance use and mental health treatment. Therefore, ensuring that entities are aware of such ombudsman program would help facilitate their objectives.

#### 7. Problem Gambling Education Program

A.2528-B (Cymbrowitz)/ No Same As; Passed Assembly

This legislation would require the Commissioner of OASAS to develop educational materials for individuals who place themselves on the voluntarily self-exclusion list from state gaming facilities. Such educational materials would be made available on the Office's website and would provide individuals with resources to treatment for problem gambling. It would also require the Commissioner of OASAS in consultation with the State Gaming Commission to establish a problem gambling education program for individuals who voluntarily place themselves on a self-exclusion list to be made available on the websites of both the Office and the Commission. Additionally, this legislation would require all individuals who place themselves on a voluntary self-exclusion list from state gaming facilities to complete such educational program prior to their removal from the list.

#### 8. Prom and Graduation Safety Program

A.2008 (Rosenthal, L.)/ No Same As; Reported to Ways and Means

Every year, thousands of high school students attend prom, graduation ceremonies, and parties with their classmates. Unfortunately, some such celebrations have had tragic endings due to unsafe practices. In an effort to prevent any future tragedies, this legislation would establish a prom and graduation safety program, which would focus on ensuring the safety of adolescents by making them aware of the dangers of the use and abuse of substances.

#### 9. Senior Citizen Substance Use Disorder Demonstration Program

A.4532-A (Cook)/ No Same As; Reported to Ways and Means

Substance use disorders have become a growing problem amongst the elderly population. These individuals require unique treatment options and services to address their particular needs. Presently, New York lacks a comprehensive program to address substance use disorders among this specific population.

This legislation would require OASAS in consultation with the Office of the Aging to develop comprehensive senior citizen substance use disorder prevention, treatment, and education demonstration programs across the state. Such programs would address the unique needs of elderly individuals living with a substance use disorder.

#### 10. Availability of Buprenorphine in Opioid Treatment Programs

A.705-B (Rosenthal, L)/ S.6746-A (Harckham); Reported to Ways and Means

This legislation would require every facility that is licensed or authorized to provide services for substance use disorders related to opioids to have at least one practitioner in the facility receive an appropriate waiver or complete the required training to administer buprenorphine to individuals in their care when deemed an appropriate treatment method.

#### **11.** Substance Disorder Treatment

A.10211 (Steck)/ S.9087 (Harckham); Reported to Ways and Means

This bill would authorize 14 New York State inpatient addiction treatment centers to provide treatment for the mental health and health needs of individuals admitted for a substance use disorder. Such services would be reimbursable by Medicaid or private insurance. Mental health services will be provided by a professional whose scope of practice includes diagnosis and treatment of mental health disorders and health care services will be provided by a health care professional whose scope of practice includes diagnosis and treatment of mental health disorders and health care services will be provided by a health care professional whose scope of practice includes diagnosing and treating actual or potential health problems.

# **2022 SUMMARY SHEET**

SUMMARY OF ACTION ON ALL BILLS REFERRED TO THE COMMITTEE ON

## Alcoholism and Drug Abuse

## TOTAL NUMBER OF COMMITTEE MEETINGS HELD 2

#### ASSEMBLY SENATE TOTAL

BILLS BILLS BILLS

### **BILLS REPORTED FAVORABLE TO:**

Codes	0	0	0	
Judiciary	0	0	0	
Ways and Means	5	0	5	
Rules	7	0	7	
Floor	0	0	0	
TOTAL	12	0	12	
COMMITTEE ACTION				
Held for Consideration	1	0	1	
Defeated	0	0	0	
Enacting Clause Stricken	0	0	0	
REMAINING IN COMMITTEE	25	7	32	

## **BILLS REFERENCE CHANGED TO:**

TOTAL	0	0	0
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