

Dear Chairman and members of the Committee,

Please accept the following testimony on behalf of the Heartview Foundation. My contact information is included for any follow up questions or requests for more information.

Voucher System - The public system throughout the state is experiencing overwhelming demands for services with long wait times and depleted services in certain regions. Combined with the lack of workforce, this is a critical problem that greatly affects our citizens' access to care for substance use disorders. Vouchers for treatment would expand access opportunities through utilization of private addiction providers. In some rural communities and the Dickinson and Williston regions, private providers are the only viable opportunity for substance use services.

Medicaid - The current rules of the Medicaid State Plan only allow substance use providers to be Medicaid eligible if there is a Medical Director. Expanding the definition of a "Qualified Health Professional" to include Licensed Addiction Counselors would also expand services by making the licensed individuals reimbursable versus programs. Currently very few private providers have a Medical Director and meet the eligibility requirements as a "program".

American Society of Addiction Medicine (ASAM) - ASAM is the nationally recognized grid of core services for substance use disorders. Funding this grid is critical for both public and private services. The Essential Health Benefit plan (Sanford HMO) dramatically reduced essential levels of care (residential services) that are currently reimbursed in the private sector. This action has crippled the private sector's ability to match appropriate services with the needs of our patients. It has also forced us to reduce our core services that we can offer in an environment of overwhelming demand and lack of access for substance use services.

Telemedicine - The opportunity to utilize telemedicine to increase access to care for rural and underserved populations is available today. This is a vital solution that must be embraced and moved forward. Funding must be expanded beyond the current limited reimbursement for high-level practitioners to include Licensed Addiction Counselors and treatment programs for core services. Billable reimbursement through commercial insurance, Medicaid, and public funding should be explored. Heartview Foundation currently utilizes a private social media platform to expand contact, support and resources to rural and underserved populations. We also have highly secure encrypted and HIPPA compliant "ports" for face-to-face therapy. These "ports" are not location dependent, but are device driven and a patient can utilize the technology from a smartphone, tablet or PC if they have internet capabilities. The technology also exists to sublet some of the Heartview ports to smaller agencies who would embrace the technology. These strides in technology were made possible through a SAMSHA grant. The technology can be replicated but will not move forward without funding for sustainability.

Respectfully,

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