

## Human Services Committee

Thursday August 28, 2014

Chairman Damschen and members of the Human Services Committee, my name is Kurt Snyder. I am the Executive Director of the Heartview Foundation, Past President of the North Dakota Addiction Counselors Association and a representative of the North Dakota Addiction Treatment Providers Coalition.

I am here today to testify in favor of the proposed actions this committee is taking as a result of the recommendations of the study of behavioral health needs of youth and adults in North Dakota including the work of the steering committee. The recommendations and were developed as a result of efforts from a wide array of stakeholders from across the state. This collective effort has shown a bright light on the deficiencies, needs and necessary structural changes to our service structure but has also brought with it real solutions.

Today and in the coming months I urge you to not lose touch with the fruit of this effort. Turf, status quo, and fear of change will bring opposition to making any substantial changes.

Regarding the actions to implement behavioral health recommendations I want to comment specifically on Section 5 of the bill draft to authorize the use of telemedicine. In terms of substance use services telemedicine could bridge the divide and allow treatment providers to bring the rich resources of our larger facilities to rural communities. Coverage must include core addiction services.

In regards to the Behavioral Health Planning Master List which outlines the actions recommended by the steering committee I want to highlight the importance of the steps being proposed to expand the workforce for Licensed Addiction Counselors. I also strongly support the movement to increase the use of lay persons in expanding treatment options. Specifically, recovery coaches can assist traditional treatment by supporting recovery efforts outside of the treatment walls but in the community from which our patients live and work.

Under increase funding opportunities for services for youth and adults it is imperative that this committee advocate for the re-evaluation of the Essential Health Benefit Package that was selected and the inclusion of the core grid of services outlined by the American Society of Addiction Medicine or ASAM. As demonstrated by the actions of the insurance companies, if the Essential Health Benefit Package does not include it specifically, then the insurers will not offer the coverage. So whether it comes from new mandates in century code or through the Essential Health Benefits it must be spelled out. At its simplest form, the core grid of ASAM (all the levels of care outlined in ASAM) allows providers and insurers to offer the right service for the right level of impairment and payment for the right level of care which matches the impairment. When it comes to treating substance abuse not everyone can be successful in an outpatient setting. Access and coverage for residential levels of care is extremely important, critical and can mean the difference between life and death of your loved one. And yet, most can be effectively treated with outpatient levels of care. A perfect analogy would be to limit physicians in treating the spectrum of care for diabetes to include education, dieticians, and oral pills but insulin is not covered. As a result the patient is hospitalized for ketosis and decay. Over and over and over again. Funding the grid of addiction services is really about ensuring that insured patients are getting the right care at the right time in the right setting.

Finally, I want to support the changes in DHS structure and responsibility. The human service centers are an integral part of our service structure. However their role of being the safety net for the indigent and uninsured has broadened to where they are in direct competition with the private providers. This should not be the case. However, the competition is played out on an unequal field. Human service centers enjoy consistent funding for services that are very extensive. Even though 3.1 residential level of care no longer exists in the private insurance world, it is the preferred level of care for residential for the human service centers. Human service centers can offer a sliding fee scale, have a robust electronic medical record, employee benefit package unmatched by any private provider, workforce training funds, and they can offer the entire grid of ASAM services. I

strongly endorse the recommendations of the Schulte Report and the steering committee in terms of changes to DHS.

I would be happy to answer any questions you may have.

Kurt Snyder, Executive Director

Heartview Foundation

101 E Broadway Ave

Bismarck, ND 58501

Office: 701-751-5708

Cell: 701-426-8677

[www.heartview.org](http://www.heartview.org)