

Testimony for the Human Services Committee  
Tuesday, November 3, 2015

Good afternoon Madame Chair and members of the Committee, my name is Mike Kaspari. I am the current chairman of the North Dakota Addiction Treatment Providers Coalition and the agency director of First Step Recovery in Fargo, North Dakota. Thank you for the opportunity to discuss the three greatest unmet needs in the area of substance use treatment. At the end of the day, I think many of the pressing concerns can be categorized under better access to services. In addition to presenting my testimony, I would be more than happy to answer any questions you may have.

I think the single greatest unmet need is lack of timely access to treatment services as well as an incomplete continuum of care or complete lack of services in areas of North Dakota. There are many areas in our state where the nearest available program services are two hours or more away, requiring persons in an intensive outpatient program to drive up to four hours 3-4 days weekly. Other limiting factors include but are not limited to: The Dept. of Human Services more strictly enforcing their policy of only treating IV drug users, pregnant women who are actively using and those persons determined to be seriously chronic and persistent in their disease. A large uninsured population many of whom are eligible for Medicaid expansion but are either unaware of it, or for a variety of reasons not able to sign up for it.

Some suggestions we have to address this unmet need include the following:

1. An expanded workforce. We applaud the North Dakota Board of Addiction Counseling Examiners decision to recognize national licensure for out of state counselors applying for ND licensure.
2. The recently enacted voucher program due to come online in 2016. This program might be very beneficial in bridging the gap for uninsured persons while they apply for Medicaid expansion, often a six to eight week process. It should be noted ease of access to this program is critical for it to be useful otherwise it will just become another barrier to treatment services.
3. A meaningful loan forgiveness program for new clinicians working in the state, especially in underserved or unserved areas of our state.
4. Better reimbursement for certain services and levels of care. Ambulatory detox and low intensity aftercare type services are examples.
5. A statewide effort to educate and incentivize physicians about medication assisted treatment.
6. Standardization and reimbursement for services provided via telemedicine.
7. Supporting treatment providers willing to train new addiction counselors through the consortium system. This is a very labor intensive undertaking. Having financial support similar to what is available through DHS.

This problem description and list of suggestions is not intended to be comprehensive but rather a great place to start. I would also like to verbalize our support of testimony presented by the ND Addictions Counselor's Association.

Again, thank you so much for this opportunity to submit this testimony. I am happy to answer any questions.

Respectfully submitted,

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Chairman, ND Addiction Treatment Providers Coalition.