



Connecticut Association of Addiction Professionals
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Testimony on Raised Bill No. 5372- Access to Substance Abuse Treatment for Insured Youth and Young Adults: *AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING THE ALCOHOL AND DRUG POLICY COUNCIL*

To the Attention of the Committee on Legislative Program Review and Investigations:

The testimony is presented on behalf of the Connecticut Association of Addiction Professionals. The Connecticut Association of Addiction Professionals (CAAP) represents approximately 1800 credentialed addiction specialists; the majority of professionals hold licenses. It is the State Affiliate for the National Association of Alcohol and Drug Abuse Counselors. The Association is served by an all-volunteer Board of Directors, who advocate for public policy that empowers the State's workforce of addiction specialists, and most importantly, the substance abusing consumers whom the workforce serves. The licensed addiction specialist, LADC, is the statutorily identified professional provider of addiction services in Connecticut, who has met credentialing requirements, which encompass best practice standards of care in the treatment of addictions.

Today CAAP will present evidence, which will hopefully assist the *Raised Bill 5372's* charge to the Alcohol and Drug Policy Council's that the Council (3) develop and work to advance comprehensive strategies to improve access to substance abuse treatment for all persons living in the state; and (4) assess whether professional education programs for physicians, nurses and physician assistants in the state include (A) (i) sufficient training on behavioral health screening methods, and (ii) administering a brief intervention for substance abuse and referring patients for substance abuse treatment, and (B) encourage and provide assistance to those organizations offering such programs that do not provide such training so that they are able to do so.

The Role of the Credentialed Workforce of Addiction Professionals to Connecticut's Initiative on Access to Substance Abuse Treatment:

The primary element of successful SA treatment is the highly skilled, educated, compassionate qualified provider. This provider needs to be prepared and ready to meet the intrinsic complexities and challenges inherent in the treatment of active addictions.

In Connecticut we are fortunate to have a workforce of highly screened and qualified LADC's (Licensed Alcohol & Drug Counselors) who have met uniform state-specific standards. These rigorous standards for credentialing prepares them to sort through complex mental health symptoms, health issues, and social factors in order to discern how active Substance Use Disorder (SUD) may be affecting the whole picture, hence to deal with patients having co-occurring disorders (dual diagnosis and medical conditions.). LADCs have the knowledge and professional skill sets to identify and deal with the manipulation that comes with this primary disease, as well as to evaluate the stage of progression of the disease and determine the type of treatment needed. In addition, they have the skills to provide consultation to other providers (MDs, APRNs, RNs, and Masters Level Behavioral Health Providers) who may be frustrated, fearful, and bewildered in their treatment of clients, who present with active addictive behaviors.

CAAP wishes to respectfully submit to the Program Review and Investigations Committee that the State's workforce of addiction professionals already possesses the requisite training and education in current best practice for specialized screening methods and brief intervention strategies for efficacy in substance abuse treatment- the very important requirements that the PRI Committee is requesting in the bill that the Alcohol & Drug Abuse Council develop.

Unfortunately, CAAP has identified a worrisome trend in the CT's network of behavioral health delivery system that we contend may taint access to critical standards of SA treatment. Over the past several years, CT behavioral health care public and private providers have leaned towards hiring social workers (LCSWs) and other licensed masters' level behavioral health providers, as not only the primary clinical provider of substance abuse services, but also the supervisor of licensed addiction specialists.

The CT Association of Addiction Professionals' research on social work, marriage and family, and professional counseling academic requirements in state public and private masters programs found the following information. **These behavioral health, professional academic programs' requirements, specific to substance abuse are less, with rare exceptions. The course work covers broader areas of study in generally the same number of graduate hours, and requiring fewer, if any specific post-graduate training hours in substance abuse. Although competent within their respective mental health professional standards, LCSWs, LMFTs, and LPCS, few of these professions have the specific graduate and post-graduate training, work experience, and supervision in the treatment of substance abuse disorders.**

The Association's findings reflect of the evidence in a 2004 SAMSHA Report
A 2004 report from SAMSHA offered compelling evidence for the lack of education and experience in the treatment of addiction by PCPs and ancillary providers in a medical practice:

"A significant problem is the lack of education and training on substance use disorders for primary health care and other health and human services professionals. The National Center on Addictions and Substance Abuse (CASA) at Columbia University reported that 94 percent of primary care physicians and 40 percent of pediatricians, when presented with a person with a substance use disorder, failed to diagnose the problem properly (CASA, 2000). If similar studies were available for other health professionals (e.g., nurses, psychologists, pharmacists, social workers, dentists), the results would likely be similar."

"Curricula in most health education programs and professional schools either inadequately address substance use disorders or exclude discussion of them altogether." 2004, US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Report to Congress: Addictions Treatment Workforce Development [Section D, Education and Accreditation Priorities]. "

If CT persists in maintaining the current provider paradigm of doctors, nurses, social workers and or professional counselors, SA TX will be returning to the old workforce *Medical Model*, which was the standard 35- 40 years ago!

Past and current research has provided well-documented studies demonstrating the obstructions to access to healthcare due to the stigma associated with active substance users by providers from both the medical and behavioral health professions. The complexity of the disease of addiction brings multiple barriers to an effective and honest relationship between the provider and the substance user. The unintended consequences of these dynamics include the worsening of the patient's health status through impact of substances of choice on the pre-existing health and psychiatric co-morbidities, the patient's required medications, increased cessation of SUD treatment, and most importantly, a skewed provider-patient relationship plagued by mutual mistrust and respect.

As Connecticut moves into a new era of healthcare delivery with the implementation of the ACA [NB. Credential addiction specialists are required members of the ACA's *Workforce-Mental Health Professionals*] and the Advanced Medical Home, the credentialed addiction professional's highly specialized skills and expertise in providing evidence-based SA Treatment will be vitally important to ensure residents' successful health/behavioral health outcomes.

While CAAP supports the Raised Bill's charge to expand and enhance the fund of knowledge for our colleagues' in primary and behavioral health care, it is imperative that the Alcohol and Drug Policy Council recognize, and affirm CT's addiction specialists, as the *Lead Providers* in creating and implementing strategies for improved access to SA treatment for State residents, families, and significant others.

We offer the following "Friendly Amendment". CAAP recommends that the PRI Committee amends Raised Bill 5373: Section 1, (b) to add to the Alcohol & Drug Policy Council membership, *a Member of the CT Association of Addiction Professionals designated by the Association's Board of Directors.*

Testimony on Raised Bill 5373- AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING THE REPORTING OF CERTAIN DATA BY MANAGED CARE ORGANIZATIONS AND HEALTH INSURANCE COMPANIES TO THE INSURANCE DEPARTMENT.

It is a widely accepted fact in both CT's public and private behavioral health care, substance abuse treatment agencies, hospitals, and private practitioners that the HMOs and insurance companies' reimbursement rates by private and especially public payers (Medicaid) are disincentivizing qualified providers from accepting clients with SUD.

Addictions professionals and consumers from across CT regularly report to Board Members that insurance carriers' current practices create severe barriers to SA treatment. The barriers are all about money in the form of savings in an array of fiscal defense strategies!

These strategies include:

- Rationed utilization methods for course of treatment and length of stay to inpatient and outpatient treatment
- Questionable protocols for denial of claims.
- Network of providers, who may not possess the credentialing standards of educational and professional experience in the treatment of SUD.
- Low rates of reimbursement. As an example, the current schedule of Medicaid fee reimbursements discourage qualified and caring providers from accepting Medicaid patients. The current rate for a individual session is about \$45.
- Flawed access to SA treatment. Many Medicaid patients, who often present with the most complex medical and behavioral health disorders, receive marginal treatment, or encounter serious systemic barriers to care- lengthy waiting periods for healthcare appointments, language issues, complicated and uncoordinated referral processes to specialists, and patient stigmatization due to life-style and misinformation about the disease of Addiction.

CAAP supports a robust utilization review of provider and insurance carrier practices, as recommended by the Bill's tenets-Sections 7 & 8 . **The guiding principle of these sections are to reward not punish providers, whose performance outcomes are driven by treating a panel of patients, who are notable for its high numbers of individuals with serious, severity of health, psychiatric, and social issues. Otherwise, the present practice of major insurance carriers to "cherry pick" the healthiest patients by means of diverse and subtle mechanisms thus resulting in the exclusion of clinically challenged patients, and the Providers, who treat them, from their insurance plan will prevail.**

Another frankly dangerous and unfair perception is that Addiction is a second tier Disorder, which currently negatively impacts the delivery of SA treatment to state residents. **Addiction is a Primary Disease!**

"Alcohol and drug addiction cost American society \$193 billion annually, according to a 2011 White House Office of Drug Control Policy report.¹ In addition to the crime, violence, and loss of productivity associated with drug use, individuals living with a substance abuse disorder often have one or more physical health problems such as lung disease, hepatitis, HIV/AIDS, cardiovascular

disease, and cancer and mental disorders such as depression, anxiety, bipolar disorder, and schizophrenia.² In fact, research³ has indicated that persons with substance abuse disorders have:

- Nine times greater risk of congestive heart failure.
- 12 times greater risk of liver cirrhosis.
- 12 times the risk of developing pneumonia.

When persons with addictions have co-occurring physical illnesses, they may require medical care that is not traditionally available in, or linked to, specialty substance abuse care. The high quality treatment needed by individuals with addictions requires a team of different professionals that includes both specialty substance abuse providers and primary care providers...

Other researchers reported that substance abuse disorders, depression, and medical co-morbidities relate to poor adherence to medications to treat type 2 diabetes.⁹ Yet, many individuals served in specialty substance abuse settings do not have a primary care provider".¹⁰

11. 2011 The Economic Impact of Illicit Drug Use on American Society. Washington D.C: U.S. Department of Justice."

In CT and many states, the denial of prompt and critical SA treatment based upon a blaming and negative paradigm that directs the access to services on a protocol of **Failure**, hence, the barriers of shame and stigma related to SUD are strengthened. It is not unusual for youth and young adults to be denied inpatient treatment until these consumers have "failed " at out-patient and intensive outpatient treatment. With this sector of the population presenting with the soaring rates of opioid addiction and over doses leading to death, this model is an egregious and barbaric system of care. Dr. Sharon Levy in her presentation at the 2014 Harvard Medical School's Symposium on Addictions (March 1,2014) cited the following evidence of the prescription to heroin epidemic.

" In adolescents, recreational use of prescription painkillers accounted for 17.1% of all illicit drug use initiations beginning in 2009- More than Any Other drug than Marijuana. Dr. Levy further cited that 1out of 8 High School Seniors reported using a prescription opioid for recreational/ non-medical use.

In Connecticut, we do not block necessary medical intervention and treatment from youth and young adults who have diabetes by withholding insulin medication until the young patient has a diabetic induced shock. CAAP recommends that **Raised Bill 5373 will result in a finding that a fair and equitable payment reimbursement policy will rest with a full and transparent implementation of the Mental Health and Substance Abuse Parity requirements.**

Our state has the 4th highest insurance costs in the nation. CT has a moral obligation to provide its residents, families, and partners impacted by the disease of addiction with insurance coverage that promotes swift access to evidence-based level of care, qualified specialists, and fiscal coverage and reimbursement policies which are equal to the complexities inherent to the disease. Let us always remember that Addiction is a treatable disorder, but if not treated with appropriate standards of practice, Addiction is a terminal illness.

In Connecticut, reimbursement of LADCs ` services .have been weakened in recent years. As previously noted, a trend in the state's behavioral health network of providers has perceived addiction professionals as "second class" behavioral health providers.

To remedy this matter, second the recommendation of CAAP's Vice- President, Bobbi Fox LADC in her formal correspondence.

CAAP strongly urges that the Committee develop language for inclusion in *HB 5373 Section 1, (a), (7), (8) and (9)* there is reference to the health care provider (of substance abuse services) as it pertains to insurance carrier approved network providers. In this instance we are referring to individuals not agencies. In the new language, the bill can contain a "friendly amendment" that specifically states that LADCs are the lead providers of choice for implementing substance abuse diagnosis and treatment in the state recommended panel of providers included in HMOs and insurance plans.

If the State chooses not to give full parity to licensed addiction specialists in its behavioral health provider, public and private payer network, the greatest risk will be to CT residents. Consumers, who seek substance abuse treatment, will be in jeopardy of losing access to evidence-based treatment and the highest standards of care for their addictions by the statutorily identified, behavioral health provider- the Licensed Alcohol & Drug Abuse Counselor.

The Connecticut Association of Addiction Professionals is prepared and eager to actively participate in all study & review, investigation, and oversight committees and venues, which are charged with the advancement and enhancement for the treatment of substance abuse in our state. CAAP stands ready to represent the workforce of addiction professionals through robust and rigorous advocacy on current and emerging best practice and value-driven initiatives for the prevention and intervention of the disease of addiction.

Many Thanks for your attention and Best Regards for your continued success in the 2014 General Assembly.

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