



ASAP Policy Priorities **2011-2012**

Federal Advocacy

- 1) Advocate for SUD providers to be able to participate fully in electronic health record systems.
 - a. Seek Federal incentive funds for Electronic Health Record implementation.
 - b. Establish criteria for BH electronic records that are in compliance with 42 CFR.
- 2) Advocate for the preservation of Federal funding streams (Block Grant and other safety net funding) for full continuum of SUD prevention, treatment and recovery, including:
 - a. Maintain prevention set aside in Block Grant (do not separate prevention funding from Block Grant)
 - b. Use funding to support Therapeutic Community and other community-based residential services that offer proven, effective treatment services.
 - c. Maintain size of block grant to fund additional recovery supports.
- 3) Support the implementation of the Affordable Care Act, including
 - a. Development of an essential benefits package that includes the full continuum of SUD and MH prevention, treatment and recovery services with the patient receiving all appropriate services, levels of care and lengths of stay based on their needs and severity of their illness, including medications when they would help.
 - b. Seek full or partial removal of the IMD exclusion, including for whatever residential services are include in the EHB package.
 - c. Include SUD prevention in all prevention and wellness initiatives.
- 4) Advocate for the maintenance of Federal funding for the continuum of prevention services
 - a. Replace funds lost when Safe and Drug Free Schools program was eliminated.
 - b. Maintain prevention funding in SAPT Block Grant (see above)
- 5) Support long-term recovery within a wellness framework, including
 - a. Promote full range of recovery supports.
 - b. Support reauthorization of the Second Chance Act at highest possible level
- 6) Advocate for more effective responses to Problem Gaming
 - a. Develop a Federal Problem Gambling Strategy
 - b. Support Federal Comprehensive Problem Gambling Act

State Advocacy

- 1) Advocate for adequate funding for prevention, treatment and recovery to ensure the availability of the full continuum of prevention and care,
 - a. Maintain and expand prevention funding
 - b. Ensure that patients receive all appropriate services, levels of care and lengths of stay based on their needs and severity of their illness, including medications when they would help.
 - c. Advocate for legislation establishing criteria for Medical Necessity that would be mandatory for all Managed Care and Insurance Companies in NYS.
 - d. Ensure that federal Block Grant funds continue to support residential treatment that has been proven to be effective.
- 2) Support the implementation of healthcare reform to maximize coverage and funding for OASAS licensed and certified services
 - a. Advocate for best approaches to Medicaid redesign, health homes and behavioral health organizations that will manage care
 - b. Addressing the development of an insurance exchange in NY

New York Association of
Alcoholism and Substance
Abuse Providers, Inc.

(P) 518 426-3122
(F) 518 426-1046

One Columbia Place
Suite 400
Albany, NY 12207
www.asapnys.org



- 3) Advocate for more services for young people
 - a. Improve and strengthen access to treatment
 - b. Expand prevention and treatment services to close service gaps for youth
- 4) Advocate for smarter policies addressing the link between SUD and criminal and juvenile justice
 - a. Advocate for the diversion of appropriate people from prisons and juvenile justice facilities to treatment
 - b. Reinvest funds/savings in prevention, treatment, recovery and re-entry.
- 5) Address social work licensure issues

***Proposed additional priorities**

- 6) Comprehensive attention to rural issues in providing SUD services, both in public policy and funding issues
- 7) Address veterans issues

State Agency/Local Government Unit Policies and Regulations & Provider Actions

- 1) Support workforce training for special populations (including gender specific, LGBT and cultural diversity curriculums)
- 2) Address OMIG and APG related issues
- 3) Advocate that the state rely on Federally accepted EBP's and standards of care: Use NQF for standards of care and NFEBP

***Proposed additional priorities**

- 4) Significant Reform of OASAS regulations to reduce negative impact on clinical processes. Specifically look to reform any regulations which rely on regular use of waivers.