Combatting the Heroin and Opioid Crisis

Heroin and Opioid Task Force Report

June 9, 2016

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Dear Governor Cuomo,

On behalf of the members of the Heroin and Opioid Task Force, we are pleased to present you with our report and recommendations for state actions to tackle the public health crisis of heroin and opioid addiction that is spreading across New York State.

Thousands of New Yorkers are dying each year due to the disease of addiction. In 2014, 2,028 New Yorkers died of a drug overdose.[1] More than 30 percent of these fatal overdoses were in New York City; nearly one in five happened on Long Island. While these numbers are shocking, they also likely reflect underreporting, as information from medical examiner and police reports is often not added to vital statistics records.

You charged us with leading a Task Force dedicated to the development of a comprehensive plan that includes immediate, actionable steps to tackle this crisis from every angle. The Task Force worked tirelessly, traveled around the state in a short time period, read hundreds of comments submitted online, and convened as a group to identify legislative and programmatic steps to end this crisis.

The Task Force has focused its work across four main areas: Prevention, Treatment, Recovery, and Enforcement to address the root causes of the crisis as well as effective rehabilitation for the individuals and families who need help.

The time to act is now. We believe that these recommendations provide the State of New York with common sense next steps for ending the crisis of heroin and opioid addiction. On behalf of the Task Force, we thank you for trusting us with this critical charge, and for giving us the opportunity to help New Yorkers in need and save lives.

Sincerely,

Kathy Hochul
Lieutenant Governor of the State of New York

Arlene González-Sánchez
Commissioner, Office of Alcoholism and Substance Abuse Services (OASAS)

Co-Chairs
New York Heroin and Opioids Task Force

[1] New York State Department of Health (2014). Drug Overdose Deaths.

Executive Summary

Across the state the Task Force has heard from families who have loved ones addicted to heroin or other opioids, who have overdosed or have had serious health problems as a result of their addiction. Heroin overdose is now the leading cause of accidental death in the state.[2] Between 2005 and 2014, upstate New York has seen an astonishing 222 percent increase in admissions to OASAS certified treatment programs among those 18 to 24 years of age for heroin and other opioids; Long Island has seen a 242 percent increase among the same age group for heroin and other opioids. In all, approximately 1.4 million New Yorkers suffer from a substance use disorder.[3]

Heroin and opioid addiction is now a major public health crisis in New York State. Further work must continue to fully realize the Governor's vision for a more responsive, accessible, and compassionate health care system for patients, as well as stronger education, prevention, and enforcement measures. The Task Force recommends that study and work on these issues continue as a high priority, so that New York can remain in the forefront when it comes to helping patients and their families.

New York has taken important steps to address the urgent needs of those in critical condition and to prevent future generations from suffering from the disease of addiction. For the 2016 fiscal year, New York State allocated over $1.4 billion to the Office of Alcoholism and Substance Abuse Services (OASAS) to fight this battle including funding for 1,455 beds for patients in crisis; 2,221 beds for inpatient rehabilitation programs; 5,247 beds for intensive residential programs; 2,142 beds for community residential programs; 1,842 beds in supportive living programs; and 265 beds in residential rehabilitation programs for youth.[4] Additionally, OASAS provides more than $74 million to fund prevention services through 165 providers serving communities in every county, including 1,400 schools across the state.[5]

The State has also enacted legislation to address this growing epidemic. In 2012 the State enacted the Prescription Drug Reform Act,[6] overhauling the way prescription drugs are dispensed and tracked in New York to improve safeguards for drugs that are prone to abuse. The Act updated the Prescription Monitoring Program (PMP) Registry (also known as I-STOP) to require pharmacies to report information about dispensed controlled substances on a "real time" basis, as well as require health care practitioners to consult the PMP Registry before prescribing or dispensing certain controlled substances most prone to abuse and diversion. The Act also mandated electronic prescription of controlled substances, updated the Controlled Substances Schedules, improved education and awareness efforts for prescribers, and established a safe disposal program for prescription drugs. By the end of 2015, I-STOP had led to a 90 percent decrease in "doctor

[2] New York State Office of Alcoholism and Substance Abuse Services (2016).

[3] Substance Abuse and Mental Health Services Administration (2015). Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health. Retrieved May 31, 2016, from http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf.

[4] New York State Office of Alcoholism and Substance Abuse Services (2015). Data as of December 1, 2015.

[5] New York State Office of Alcoholism and Substance Abuse Services (2016). OASAS Fast Facts.

[6] Chapter 447 of the Laws of New York, 2012.

shopping" – when patients visit multiple prescribers and pharmacies to obtain prescriptions for controlled substances within a three-month time period.[7] Earlier this year, New York State entered into an agreement with New Jersey to share PMP data both ways and prevent "doctor shopping" across state borders.

In 2014, the State enacted legislation that granted Good Samaritan protections to individuals who administer an opioid antagonist like naloxone, expanded access to naloxone by allowing non-patient-specific prescriptions, enacted insurance reforms to improve treatment options for individuals suffering from addiction, directed OASAS to create a wraparound services demonstration program to provide services to adolescents and adults for up to nine months after successful completion of a treatment program, and enhanced penalties to crack down on illegal drug distribution.[8]

Despite being on the forefront of nationally-recognized best practices, the epidemic continues to grow in New York. In response, Governor Andrew M. Cuomo convened a team of experienced healthcare providers, policy advocates, educators, parents, and New Yorkers in recovery to serve on a Heroin and Opioid Task Force and develop a comprehensive plan to bring the crisis under control. The Task Force's work was informed by two executive meetings, eight listening sessions across the state, and the 246 comments submitted through www.ny.gov/herointaskforce.

This public process resulted in the following recommendations—broken into four areas: prevention, treatment, recovery, and enforcement—to continue to address the crisis.

[7] New York State Department of Health Bureau of Narcotic Enforcement (2016).

[8] NY Penal Law §220.78 and NY Practice Criminal Law §26:27.50

Prevention

The Task Force heard from multiple stakeholders, including health care providers, law enforcement officials, and concerned community members that prevention is key to tackling the root causes of the heroin epidemic. In the listening sessions, members of the public expressed the need for more education and community outreach. These thoughts were echoed by dozens of website comments.

In the 2016 state fiscal year, OASAS invested more than $74 million in prevention services through 165 providers serving communities in every county, including 1,400 schools across the state. OASAS prevention programs reach more than six million New Yorkers each year, including approximately 300,000 students. In New York City, OASAS works with the Department of Education to support 256 full-time staff focused on prevention efforts in public schools. Moreover, prevention efforts are cost effective. Studies have shown that prevention programs have been estimated to save taxpayers an average of $16 for every $1 invested.[9]

Stuart Rosenblatt, Executive Director of New Choices Recovery Center; Paul Samuels, President/Director of the Legal Action Center; and Linda Beers, Public Health Director at Essex County Public Health, all urged that prevention efforts engage school districts and community organizations. Prevention scholars agree that schools and the community play an important role in preventing addiction, along with families and peers.[10] The Task Force also heard that awareness and education activities also serve to reduce the stigma that keeps many from seeking the help they need.

In addition to education and awareness, Gale Burstein, Commissioner of Health of Erie County; Jeremy Klemanski, CEO of Syracuse Behavioral Healthcare; and Patrick M. O'Shaughnessy, Vice President for Medical Affairs and Chief Medical Officer of Catholic Health System of Long Island, all testified to the Task Force that one of the most effective ways to prevent addiction to prescription opioids is by strengthening prescriber education requirements. The relationship between non-medical use of opioid analgesics and heroin use is well established, with one study reporting that nearly 80 percent of recent heroin users started with opioid analgesics.[11]

The Task Force finds that the State should enhance its prevention efforts so that fewer people become addicted to heroin and opioids. Specifically, the Task Force recommends the following:

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[9] Washington State Institute for Public Policy (2016). Benefit-Cost Results. Retrieved May 31, 2016, from http://www.wsipp.wa.gov/BenefitCost/Pdf/9/WSIPP_BenefitCost_Public-Health-Prevention.

[10] Hawkins, David, et al. (1992). Risk and Protective Factors of Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention. Retrieved May 31, 2016, from https://cre8tiveyouthink.files.wordpress.com/2011/12/social-developmental-prevention-and-yd.pdf.

[11] Jones, CM (2013). Heroin Use and Heroin Use Risk Behaviors among Nonmedical Users of Prescription Opioid Pain Relievers: United States, 2002-2004 and 2008-2010. Retrieved May 31, 2016, from http://www.ncbi.nlm.nih.gov/pubmed/23410617.

Recommendation One: Mandate ongoing education for prescribers on pain management, palliative care, and addiction.

The Task Force heard from people suffering from heroin and opioid addiction who had a ready supply of legally prescribed prescription pain medication. While these medications play an important role in the treatment and management of pain, it is critical that prescribers receive updated education on these medications, their use, and potential associated risks for patients.

Massachusetts, Connecticut, and Maine have all enacted legislation amending continuing education requirements for all prescribers to include training relative to risks of abuse and addiction associated with opioid medication, appropriate prescription quantities, opioid antagonists and overdose prevention, among other topics.

The Task Force recommends requiring health care professionals to complete up to four hours of ongoing education on pain management, palliative care, and addiction. Since many types of health care professionals have the ability to prescribe opioids, the Task Force believes this requirement should apply to physicians, nurse practitioners, physician assistants, podiatrists, dentists, and midwives.

The Task Force also recommends that the State explore how best to encourage medical schools in New York to incorporate curricula on pain management, including the appropriate use of opioids; encourage hospitals to hold grand rounds[12] twice annually focusing on the same topic; and work with national board certification organizations, such as the American Board of Medical Specialties, to incorporate questions on pain management and the appropriate use of opioids in board specialty certification and recertification examinations.

Recommendation Two: Limit first-time opiate prescriptions for acute pain from 30 days to no more than a 7-day supply.

According to the federal Centers for Disease Control and Prevention (CDC), health care providers wrote enough prescriptions for opioid analgesics in 2012 for every adult in the United States to have a bottle of pills.[13] In New York, nearly 11 million opioid analgesic prescriptions were dispensed in 2014, enough for approximately 70 percent of New Yorkers over 18 years-old to have a bottle of pills in their medicine cabinet.

While the New York PMP has been successful in significantly reducing "doctor shopping", overprescribing continues, and admissions to OASAS-certified treatment programs for opioids increased 20 percent from 2011 to 2015.[14] In public listening sessions, Task Force members heard stories about teens receiving month-long opioid prescriptions after dental procedures or sports injuries. Even when the original patient does not become addicted to prescribed opioids, there is a ready supply of pills in the home to which family members and visitors have access.

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[12] Grand rounds are a traditional hospital-based teaching tool for discussion of clinical issues that are generally held in lecture format.

[13] Centers for Disease Control and Prevention (2016). CDC Guideline for Prescribing Opioids -- United States, 2016. Retrieved May 31, 2016, from http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm.

[14] New York State Office of Alcoholism and Substance Abuse Services (2016). Admissions Data.

In March 2016, the CDC issued a new *Guideline for Prescribing Opioids for Chronic Pain* recommending that "when opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed."[15]

Several states have taken steps to limit first-time prescriptions of opioids, including Massachusetts, Connecticut, and Maine, which have all imposed a 7-day supply limit.

To limit access to unused medication and reduce the likelihood that a patient with a prescription may become addicted to opioids, the Task Force recommends that the State limit the initial prescription of an opioid to no more than a 7-day supply, with exceptions for chronic pain, cancer, and palliative care and provisions that reduce any associated financial burden related to co-payments for prescriptions of greater duration.

Recommendation Three: Encourage the use of the Prescription Monitoring Program (PMP) in emergency departments.

In 2012, Governor Cuomo signed legislation updating the PMP to require health care practitioners to consult the PMP Registry before prescribing or dispensing certain controlled substances most prone to abuse and diversion, but it exempted practitioners from doing so in an emergency department setting.

Emergency departments play an important role in the opioid and heroin crisis, both in terms of treatment as well as understanding the full picture of patients' prescription histories. Patient prescription histories contain critical information for other providers, such as primary care physicians and specialists, to prevent or identify addiction to opioid painkillers. To improve the usage of PMP Registry information across the continuum of care, the Task Force recommends that the State engage hospitals and other stakeholders to encourage use of the PMP Registry when health care providers prescribe controlled substances in the emergency department of a general hospital.

Recommendation Four: Improve data and reporting on naloxone dispensing and overdose reversals.

The Task Force heard about the need for better data on the use of naloxone to target efforts to prevent overdoses from heroin and opioids. To address this, the Task Force recommends that the State require healthcare providers, pharmacies, and opioid overdose prevention programs to report the number of naloxone kits dispensed or purchased each month, by county. The Task Force further recommends that the Department of Health publish this information quarterly to inform State and community efforts.

[15] Centers for Disease Control and Prevention (2016). CDC Guideline for Prescribing Opioids -- United States, 2016. Retrieved May 31, 2016, from http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm.

First responders, law enforcement, and other potential witnesses trained at a registered overdose prevention program already report data on naloxone revivals to the State by mail, fax or e-mail. However, this data is spotty and underreports the use of naloxone to reverse heroin and opioid overdoses. The Task Force further recommends that the State direct individuals who administer naloxone to report reversal data to the State. To simplify and increase the collection of this important data, the Task Force recommends that the State design and deploy a user-friendly mobile application to track overdose reversals.

Recommendation Five: Require that pharmacists provide important information to consumers when dispensing opioids.

Consumers need additional knowledge about the dangers and addiction risks posed by opioid painkillers.

The Task Force heard about the importance of consumer education across the state, including from Gale Burstein, Erie County Commissioner of Health, who argued that pharmacies should be required to counsel all patients who receive narcotic medications. Both prescribers and dispensers have an important role to play in educating consumers about these medications before they become addicted. The Task Force recommends that the State require that pharmacists disseminate information to consumers at the time of dispensing to educate them about the risk of addiction and available treatment resources.

Further, for any extended-release hydrocodone medications approved by the Federal Drug Administration (FDA), such as Zohydro, the Task Force recommends that the State issue warnings to prescribers based on the risk of potential addiction, abuse, and misuse of these medications which can lead to overdose and death. The State should also develop specific educational materials for prescribers on this class of particularly potent opioids.

Recommendation Six: Expand consumer access to medications that are difficult to crush or dissolve and are designed to prevent abuse.

The FDA has recently approved a set of opioid prescription drugs that contain abuse-deterrent properties. That is, these drugs are designed in a way to prevent individuals from breaking them down or otherwise altering them in a way to abuse them. Research on these medications is promising, but in its early stages. To ensure that consumers have access to abuse-deterrent opioids that prevent abuse, the Task Force recommends that the State provide standing authority to relevant State agencies to allow the Commissioners to require that such drugs be added to insurance carrier or health plan drug formularies based on a determination that the abuse-deterrent properties are scientifically and medically established and there is no disproportionate costs imposed on consumers from such decision.

Recommendation Seven: Improve use and reporting of data in State response to heroin and opioid crisis to better target resources and increase efficacy.

The State and its partners collect a wide array of data related to heroin and opioid addiction including information reported to the Prescription Monitoring Program (PMP), information

reported by hospitals, and information on overdose deaths. As technology and data collection evolves, the Task Force recommends that DOH utilize its $2.9 million grant from the Centers for Disease Control and Prevention to improve the use of technology and data in fighting opioid and heroin overdoses. Such efforts could include integration of the PMP with patient electronic health records, the development of an app-like function for prescribers using smartphones and tablets, and improved analysis of PMP data to enhance compliance with prescribing guidelines through outreach, education, and investigations. The Task Force also recommends that DOH use the grant to launch a Rapid Response Project to use the state's syndromic surveillance system to spot trends in opioid-related emergency room visits, so the state can quickly respond to local needs with additional resources as needed such as naloxone training and distribution.

The Task Force also recommends that the State's Chief Data Analytics Officer work across all relevant agencies, including OASAS, DOH, the Department of Financial Services, and the Department of Criminal Justice Services to develop actionable insight to increase the State's effectiveness in combatting the heroin and opioid crisis.

Recommendation Eight: Expand and target awareness campaigns.

The Task Force heard across the state about the importance of continuing to raise awareness about heroin and opioid addiction since lack of awareness, stigma, and misinformation create significant barriers in addressing addiction. In recent years, OASAS has reached millions of New Yorkers with its multi-media *Combat Heroin* campaign and informational materials such as the *Kitchen Table Toolkit*. However, with approximately five New Yorkers dying each day from drug overdose, more must be done to increase awareness to prevent addiction, increase access to treatment, and save lives.

The Task Force recommends that State agencies work together to develop awareness efforts that use data to target groups with tailored content across relevant platforms, including social media. For example, research shows that women 45-64 years-old are prescribed more opioids than any other age group,[16] and research suggests the majority of teen heroin users began abusing opioids by stealing prescription opioid painkillers from family members. Accordingly, the State should target those demographics with content about the dangers of opioid analgesics and caution parents to count pills and lock their medicine cabinets. In New York, overdose victims are overwhelmingly men in their 20's to 40's, so the State should target this demographic with a campaign about preventing overdose, both among those who use opioids and their friends and family.[17]

The Task Force also recommends that the State expand its programs to increase awareness about the following facts:

- Opioid and heroin abuse affects all demographics;

[16] New York State Department of Health Aids Institute (2015). New York State Opioid Poisoning, Overdose and Prevention. Retrieved May 20, 2016, from http://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/annual_report2015.pdf.

[17] New York State Department of Health Aids Institute (2015). New York State Opioid Poisoning, Overdose and Prevention. Retrieved May 20, 2016, from http://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/annual_report2015.pdf.

- Addiction is a disease, not a moral failure – stigma is a barrier to treatment and recovery;
- Medication-assisted treatment can be effective;
- Naloxone works and there are multiple ways to secure it;
- The Good Samaritan law protects individuals who administer naloxone to save a life.

Recommendation Nine: Support regional coalitions and partnerships.

The Task Force heard from presenters at listening sessions around the state that coalitions and partnerships help communities come together and respond in a coordinated, more effective way. The Task Force recommends that the State take steps to promote regional coalitions and partnerships by holding regional forums where families, service providers, educators, law enforcement, state agencies, and local leaders can identify region-specific resources and challenges, assess current efforts, and increase cross-sector collaboration on the prevention and treatment of substance use disorder. The Task Force further recommends that OASAS provide support for community projects that encourage partnership, for example, prescription drug take back events jointly organized by local prevention providers and law enforcement.

Treatment

Approximately 107,300 New Yorkers received treatment for opioid substance use disorder in 2015.[18] OASAS oversees a treatment system that includes nearly 12,500 treatment beds across the state. These beds come in many forms, including withdrawal and stabilization beds, inpatient rehabilitation beds, supportive living, and residential rehabilitation for youth, among others. Between 2011 and 2015, admissions to OASAS-certified treatment programs for heroin increased by 42 percent, and by 20 percent for any opioid. In the last two years, OASAS has added more than 200 addiction treatment beds across the state to meet growing demand. In the last two years, OASAS has opened Staten Island's first intensive residential treatment program for youth, a 24-bed facility; broken ground on a new 18-bed women's residential treatment facility in Broome County; and established two new 25-bed adolescent and young adult residential treatment facilities, one in Niagara and one in Suffolk County.

In addition, OASAS recently added nearly 2,000 new outpatient opioid treatment program (OTP) slots in Albany, Buffalo, Peekskill, Plattsburgh, Syracuse, and Troy. An additional OTP will open in Watertown later this summer and another in Utica will provide 100 new slots for medication-assisted treatment in the Mohawk Valley in 2017.

In February 2016, OASAS launched the new Treatment Availability Dashboard that helps New Yorkers connect with these and other treatment options across the state.

The Task Force heard from panelists and community members about insufficient access to treatment beds as well as barriers to accessible, effective treatment due to insurance delays or lack of coverage. Notably, more than fifty website submissions mentioned insurance coverage problems with respect to treatment. During a Task Force listening session, Kevin Connally, of Hope House Inc. expressed concern about lengthy insurance approval timeframes. Torin Finver of Horizon Village Terrace House urged insurance companies to stop requiring prior authorizations for necessary medications, a position echoed by dozens of online comments that called for greater access to medication-assisted treatment. Stuart Rosenblatt of New Choices Recovery Center argued that New York needs more access to medically-assisted treatment in every community. Parents at listening sessions also requested the State to expand mandatory hold authority to get loved ones stabilized during times of crisis.

The Task Force believes that the State should continue to protect and expand access to treatment for New Yorkers suffering from substance use disorder. Specifically, the Task Force recommends the following:

Recommendation Ten: Require all treatment providers and insurance companies to use an objective, state-approved criteria to determine insurance coverage for necessary inpatient treatment.

Today, insurance companies utilize different rubrics to determine the appropriate duration and scope of coverage for inpatient residential treatment, which has often served as a barrier to needed

[18] New York State Office of Alcoholism and Substance Abuse Services (2016).

inpatient treatment. The Task Force heard from presenters and community members who observed that multiple rubrics result in uncertainty for patients and treatment providers and can lead to inconsistent and seemingly random determinations that impact critical treatment decisions.

To ensure consistent and fair insurance coverage determinations, the Task Force recommends that the State streamline access to treatment by requiring insurance companies to utilize an objective, State-approved rubric when determining what level of care is required for a patient. Using a single set of rules will improve access to care and decrease administrative burden for providers, insurers, and clients. This would be a first-of-its-kind requirement, and New York would be a model for other states across the country.

Recommendation Eleven: Remove barriers to treatment by eliminating prior insurance approvals for inpatient treatment as long as it is necessary.

Any person who needs inpatient medical services at a detoxification or treatment facility must first receive prior approval from their insurance company before they can be admitted. This process can take several days and prevents individuals from getting timely access to treatment. In some circumstances the patient, confronted with delay decides ultimately not to seek treatment. Further, even after admission to a facility, insurers can immediately conduct clinical reviews to determine that inpatient treatment remains necessary. The Task Force heard repeatedly around the state that these processes take valuable time away from clinical staff and serve as a barrier for people trying to access inpatient treatment.

o ensure that clinical staff and families can focus on what's most important – providing care and support to persons suffering from addiction – the Task Force recommends that the State take steps to ensure that individuals have access to unlimited necessary inpatient treatment. The State should eliminate prior authorization for necessary inpatient treatment services to get patients in the door of a treatment facility and only allow insurers to commence utilization review after fourteen days. These provisions will improve access to inpatient care and give patients and their loved ones the peace of mind that they will not be forced to leave treatment before clinical staff deem they are ready.

Recommendation Twelve: Increase access to critical medications to manage substance abuse and withdrawal by eliminating prior authorization by insurance companies to such medications.

Medications such as buprenorphine and injectable naltrexone are used to treat heroin and opioid addiction and to assist when a person is experiencing withdrawal from the use of heroin or other opioids. According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), "buprenorphine represents the latest advance in medication-assisted treatment (MAT). Medications such as buprenorphine, in combination with counseling and behavioral therapies, provide a whole-patient approach to the treatment of opioid dependency. When taken as prescribed, buprenorphine is safe and effective."[19]

[19]Substance Abuse and Mental Health Services Administration (2016). Buprenorphine. Retrieved June 2, 2016, from http://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine.

The Task Force heard from families and those in recovery that individuals often encounter difficulty getting their insurance providers to cover the medications doctors may wish to prescribe to treat their addiction. Further, even when insurance companies *do* cover medications, they require a doctor to first contact the insurance company and request prior authorization to prescribe the medication. This process may take several days and creates an unnecessary barrier to treatment.

To improve access to life-saving treatment, the Task Force recommends that the State require commercial insurance companies and managed care providers to cover, without prior authorization, emergency supplies of medications for the treatment of substance use disorder.

The Task Force also heard that MAT is not utilized to the fullest extent because practitioners are restricted, by federal law, to prescribe buprenorphine to a maximum of 100 patients, an outdated and arbitrary limit on the number of patients each provider is able to treat. This law applies even to providers who work in state certified substance use disorder treatment programs. The Task Force recommends that Congress amend the Registration Requirements title of the Controlled Substances Act[20] to increase the statutory cap on qualifying practitioners. In the alternative, the Substance Abuse and Mental Health Services Administration and the Department of Health and Human Services should amend the proposed rule for Medication Assisted Treatment for Opioid Use Disorders (0930-AA22) to include this exemption within regulation.

Access to MAT is also limited because only physicians are allowed to prescribe. Allowing mid-level practitioners such as Nurse Practitioners and Physician Assistants to practice to the full extent of their abilities would help to relieve the severe shortage in professionals able to treat substance use disorders with MAT, especially in rural areas. Toward this end, the Task Force recommends that Congress amend the Controlled Substances Act[21] to include Nurse Practitioners and Physician Assistants licensed under State law to prescribe additional scheduled medications.

Recommendation Thirteen: Require State-certified treatment providers and agencies to educate individuals and families about treatment options and their rights to appeal denials of insurance coverage.

Individuals in treatment and their families should focus their time and attention on recovery, not on battles with insurance companies with respect to treatment options and breadth of insurance coverage. To ensure that these parties know what treatment options exist and their rights under State law, the Task Force recommends that OASAS-certified treatment providers educate consumers about the process for determining the scope of treatment and associated coverage, as well as their right under State law to file an external appeal with the Department of Financial Services to contest denial of insurance coverage.

Recommendation Fourteen: Increase the length of time for involuntary commitment of an addicted person from 48 to 72 hours.

[20] 21 U.S.C. § 823(g)

[21] 21 U.S.C. § 823(g)(2)(G)

Under existing New York State Mental Health Law, individuals incapacitated due to drugs and/or alcohol abuse can be transported to a hospital, where they can be held for up to 48 hours to receive emergency treatment services.[22] Testimony from family members and treatment providers suggest that 48 hours is insufficient time to stabilize and engage an individual whose cognitive ability has been significantly impaired by active addiction, especially someone who has been revived from an overdose. Furthermore, an OASAS-designated treatment facility might be better suited than a hospital to ensure the person, once stabilized, is offered the opportunity to continue treatment for addiction. To enhance treatment for incapacitated individuals who are at risk of harming themselves, the Task Force recommends that the State increase the length of commitment from 48 to 72 hours and ensure that patients are directly connected to medical care within this timeframe.

Recommendation Fifteen: Issue guidance to educate consumers about insurer obligations regarding equal coverage of substance use disorder treatments and provide an avenue to report potential violations.

Patients and families may not be aware about the protections they are entitled to under the Mental Health Parity and Addiction Equity Act (MHPAEA), which requires insurers to ensure that financial requirements (such as co-pays) and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. To strengthen enforcement of MHPAEA in New York, the Task Force recommends that State agencies develop accessible consumer guidance on insurance parity, with accessible information and resources including how to report a potential violation to the Department of Financial Services for investigation.

Recommendation Sixteen: Increase the number of treatment beds across New York.

There are more than 12,500 treatment beds across New York. A new web-based tool developed and hosted by OASAS launched in February 2016 helps families, friends, and health care providers identify open beds by type, insurance coverage, and location. While this tool helps to connect demand with supply, the Task Force repeatedly heard from presenters and in testimony that a shortage of treatment beds still exists in certain areas of the State.

The Task Force recommends that the State take steps to increase the number of treatment beds and expand the type of treatment beds. For example, the State should explore the conversion of existing beds at its Addiction Treatment Centers into a new flexible model that allows for both short- and long-term stays and treatment.

The Task Force also recommends that the State continue its efforts to increase the number of opioid treatment program (OTP) slots to improve access to medication-assisted treatment in underserved areas of the state.

Through its operating certificate process, OASAS sets a cap on the number of individuals that certified residential and inpatient programs can treat at one time. However, the Task Force heard

[22] The issue of involuntarily holding an individual for emergency treatment is a complex one; and in making this recommendation the Task Force attempts to strike a difficult balance between the need to protect an incapacitated person's health and respecting that same person's civil rights.

from multiple providers that they have available space and resources to treat individuals over and above this cap. To allow individuals to access this capacity, the Task Force also recommends that the State allow certified residential and inpatient providers that have additional unused space and existing resources to increase their intake capacity by 10 percent on a temporary basis, provided they meet certain health and safety and treatment standards.

Recommendation Seventeen: Increase the number of Family Support Navigators across the state to help connect patients and families with appropriate treatment options.

Families of individuals suffering from addiction are often in crisis. They require help understanding treatment options, accessing treatment, and obtaining insurance coverage for services. The State's existing Family Support Navigators step in to help families and friends work with insurers and treatment providers and connect to other State resources.

The Task Force repeatedly heard during listening sessions that identifying appropriate treatment with the right insurance coverage is overly time consuming and stands as a barrier to efficient and effective treatment. Currently, there are navigators working with families in Central New York, the Mohawk Valley, and Western New York. To expand this important service, the Task Force recommends that the State add more navigators in every region to assist patients and families identify options for treatment and insurance coverage.

Recommendation Eighteen: Provide discharge planning for patients from emergency departments to connect to potential treatment options.

Individuals suffering from substance use disorder are often admitted at hospital emergency rooms, some after having been revived after overdose. Too often, these individuals are discharged after being stabilized, but an opportunity is missed to connect them to treatment services.

The Task Force heard testimony from medical professionals that patients who receive naloxone at a hospital or before admission often leave unattended and at higher risk of dying from an overdose. To address this issue, the Task Force recommends that the State increase the number of On-Call Peers across New York to help link patients admitted at hospital emergency rooms to OASAS-certified treatment programs.

The Task Force also recommends that the Department of Health (DOH) and OASAS, in consultation with hospitals and treatment providers, develop best practices and guidelines for first responders and hospital emergency departments. This guidance should include best practices in treating someone who has been reversed with naloxone, ensuring care that is stigma-free, and maintaining a continuum of care by engaging an On-Call Peer or other local resources.

The Task Force further recommends that the DOH initiate a pilot for the development of Health Hubs in three harm reduction programs in Erie County, the Southern Tier, and the Capital District. Collectively, these programs have the capacity to reach 30 counties in New York State. To better engage individuals who are in emergency departments, trained staff from these "hubs" would make a concerted effort to engage overdose patients while they are in the hospital to connect them to treatment options offered by DOH or OASAS. Alternatively, if the individual does not want to

pursue treatment at that time, staff from the hubs would continue to follow up with the individual to assess readiness for treatment. Hubs would also be able to receive referrals from family members, law enforcement, and others.

Recommendation Nineteen: Expand access to overdose-reversal medication.

Since 2006, Public Health Law Section 3309 has allowed programs registered with DOH to train potential witnesses on overdose recognition and response and provide them with a naloxone kit. Currently, there are over 340 registered opioid overdose prevention programs, with over 115,000 individuals trained. Nearly 78,000 people have been trained between October 1, 2014 and March 31, 2016. These programs have documented 3,374 reversals, which is likely an underestimate since only first responders are required to report reversals through the Emergency Medical Services (EMS) system.

Increasing pharmacy dispensing of naloxone was a DOH priority for 2015, and significant progress has been made with the registration of CVS and Walgreens as opioid overdose prevention programs and the issuance of standing orders for other chain pharmacies as well as independent pharmacies across the state. These efforts save lives, and the State should continue to expand them.

Individuals and Family Members: Currently, opioid reversal medication is typically only covered by insurance companies when prescribed to an individual at risk of an overdose. However, not every insurance company covers these medications for individuals and further, none cover these medications when prescribed to family members of a person suffering from opioid addiction. To close this coverage gap and increase access to this life-saving medication, the Task Force recommends that the State require insurance companies to provide coverage for opioids overdose reversal medication when prescribed to an individual suffering from addiction and also to their family members covered under the same insurance plan. The persons at risk of an overdose and their family members should be trained in overdose recognition and response by either their medical provider, a registered opioid overdose prevention program, or a pharmacist.

Licensed Professionals: Licensed Professionals: The New York State Education Department (NYSED) licenses a variety of professionals who play vital roles in the fight against heroin and opioid abuse in their communities, such as social workers and mental health practitioners. These professionals may witness a person overdosing from heroin or opioids but are legally unable to administer life-saving treatment in emergency situations without risk to their professional license. To expand the universe of professionals who can legally administer naloxone during emergencies, the Task Force recommends that the State permit all professionals licensed under Title 8 of the education law who receive appropriate training through an opioid overdose prevention program to administer life-saving naloxone without risk of losing their license.

Middle and High Schools: A 2012 survey by The National Center on Addiction and Substance Abuse at Columbia University found that 60 percent of high school students and 32 percent of middle school students reported that students keep, use or sell drugs on their school grounds.[23] In 2014, amendments to the Public Health and Education laws allowed for opioid overdose response

[23] Grand rounds are a traditional hospital-based teaching tool for discussion of clinical issues that are generally held in lecture format.

capacity to be available in the State's schools among their personnel. To date, the State has registered 38 school districts, including 144 schools, as opioid overdose prevention programs. To increase access to this lifesaving medication in our schools, the Task Force recommends that the State continue this important and work to increase access to naloxone kits and associated training available to middle schools and high schools, free of cost.

Homeless Shelters: A recent report by the New York City Department of Health and Mental Hygiene found that drug overdose was the leading cause of death for the city's homeless and that drug abuse deaths were higher among homeless individuals in shelters than those living on the streets.[24] A March analysis by *NY1 News* of 1,700 incident reports found that there were at least 31 overdoses and 25 arrests for drug possession, use, or sale at homeless shelters in 2015.[25] To ensure our most vulnerable citizens have access to opioid antagonists, the Task Force recommends that the State require every homeless shelter to maintain at least one naloxone kit on the premises and require each shelter to have at least one employee trained in its administration. The State should also authorize any shelter employee who has been trained in the use of naloxone to administer it in the event of an emergency.

[24] New York City Department of Health and Mental Hygiene. (2016). Tenth Annual Report on Homeless Deaths. Retrieved April 30, 2016 from http://www.capitalnewyork.com/sites/default/files/HomelessDeathsLL63%20report_%202014-2015.pdf.

[25] Gross, Courtney. (2016). Unsafe Haven: Drug Use Rampant at City Homeless Shelters. TWC News/NY1. Retrieved April 30, 2016 from http://www.ny1.com/nyc/all-boroughs/politics/2016/03/16/unsafe-haven--drug-use-rampant-at-city-homeless-shelters.html.

Recovery

Recovery is a life-long process, and persons addicted to heroin and opioids are highly likely to relapse if not provided with proper supports. There was an overwhelming consensus from Task Force members, expert panelists, community speakers, and website commentators that current support available for people in long-term recovery is insufficient. As Task Force member Cortney Lovell pointed out, "recovery should not be separate from treatment. Treatment of the acute stages of addiction is only a piece; we need to provide recovery supports to reduce relapse rates."

In fact, many of the community members who spoke at the various listening sessions as well as individuals who submitted comments online detailed personal, years-long struggles in long-term recovery. Nearly 100 website submissions pointed to the lack of recovery supports as a major barrier to overcoming addiction. In the Syracuse listening session, panelist James Scordo, Executive Director of the Credo Community Center, called for an increase in recovery centers across the state.

The Task Force believes that the State should take steps to ensure that people leaving treatment have access to proper lifelong supports for long-term recovery. Specifically, the Task Force recommends the following:

Recommendation Twenty: Support the creation of new Recovery Community Outreach Centers to promote long-term recovery across the State.

The Task Force heard from presenters and community members that many communities lack access to safe, welcoming spaces for those in long-term recovery.

Recovery Community and Outreach Centers provide a community-based, non-clinical setting that is safe, welcoming and alcohol/drug-free for any member of the community. Such centers promote long-term recovery through skill building, recreation, wellness education, employment readiness, civic restoration opportunities, and other social activities. Centers provide access to peer advocates, recovery coaches, and addiction peer specialists to further enhance an individual's recovery process.

To improve transition from treatment and long-term outcomes, the Task Force recommends that OASAS support the development of additional Recovery Community Outreach Centers to serve persons in recovery across the state.

Recommendation Twenty-One: Invest in additional Youth Clubhouses to promote long-term recovery for young adults.

The percentage of New York State high school students who reported using heroin more than doubled between 2005 and 2011 (1.8 percent to 4 percent).[26]

[26] New York State Department of Health and New York State Department of Alcoholism and Substance Abuse Services (2014). Facts on Heroin and Prescription Opioids. Retrieved May 31, 2016, from http://www.combatheroin.ny.gov/sites/default/files/resources/1067_FactsHeroinOpioids_factsheet_FINAL_2014.pdf.

A 2012 survey by The National Center on Addiction and Substance Abuse at Columbia University found that nearly nine out of 10 high school students reported that classmates are drugging, drinking, and smoking during the school day.

In January 2016, Governor Cuomo announced $1.6 million in funding to create first-of-their-kind adolescent substance use disorder clubhouses in seven regions across the state. The clubhouses provide youth (12-17 years old) a safe and welcoming space to support each other in their recovery from addiction. The clubhouses also offer youth support and services to promote their long-term recovery through skill building, recreation, education, and wellness activities.

To expand the reach of this innovative model, the Task Force recommends that the State invest in additional clubhouses for youth in recovery across New York to serve this specific and vulnerable population.

Recommendation Twenty-Two: Provide a wraparound program for post-treatment services to individuals in recovery.

Wraparound program services provide services to adolescents and adults for up to nine months after successful completion of a treatment program. These services take the form of case management services that address education, legal, financial, social, childcare, and other supports. The Task Force heard from presenters and community members that provision of these services can help former patients improve their quality of life and greatly reduce the likelihood of relapse. The State has been investing in providing wraparound services since 2014. However, this program needs to be fully examined to determine if the initial demonstration of success can be replicated in a broader context, therefore the Task Force recommends that the State extend the wraparound services program for an additional two years.

Recommendation Twenty-Three: Invest in transitional and supportive housing to provide stable housing options that support long-term recovery.

A stable home gives individuals transitioning from treatment the security they need to rebuild their lives and the stability needed to focus on recovery. The Task Force heard from several community members across the state that there is a significant shortage of transitional and supportive housing units available to individuals who suffer from substance use disorder.

To increase the supply of this housing the Task Force recommends that the State develop new units of transitional and supportive housing for persons in need across the state.

Enforcement

A comprehensive plan to end the heroin and opioid epidemic must also address the supply of these narcotics to stop addiction before it begins. Thus, it is essential that this report contain a set of proposals focusing on law enforcement recommendations to dramatically reduce the supply of opioids in New York State.

In 2012 the State updated the PMP to place limits on the supply of controlled substances being dispensed by health care practitioners to individuals who might be "doctor shopping" and updated the Controlled Substances Schedules. Further, legislation enacted in 2014 provided for enhanced penalties to crack down on illegal drug distribution.

While these steps were important, there is still more to do with respect to the role of law enforcement, a view supported by multiple panelists at our listening sessions including Tim Sini, Police Commissioner of Suffolk County; Anthony Rizzuto, Executive Director and Founder of Families in Support of Treatment; and Colleen O'Neil, Jefferson County Sheriff.

The Task Force believes that the State should take additional steps to restrict the supply of opioids. Specifically, the Task Force recommends the following:

Recommendation Twenty-Four: Expand Prescription Monitoring Program (PMP) data sharing with other states to cut down on cross-state "doctor shopping."

From August of 2013, when the requirement to check the PMP Registry (also known as I-STOP) went into effect, until December of 2015, "doctor shopping" in New York was reduced by more than 90 percent.[27] In April 2016, New York signed an interoperability agreement with New Jersey to share PMP data both ways and prevent "doctor shopping" across state borders. Since then, the two states have exchanged more than 93,000 queries. In May 2016, New York also made its PMP interoperable with Connecticut and Vermont. New York's PMP Registry is a national model, and should be expanded. The Task Force recommends that the State pursue additional data sharing agreements with as many other nearby states as possible.

Recognizing that a longer-term solution requires improved integration of data and information-sharing begun by the states, the Task Force recommends the federal government consider the creation of a national PMP Registry. The Task Force further recommends that a national PMP Registry should include a means of accurately identifying individual patients, achieving consensus for nationwide standards on who may access the data, and developing robust procedural and technological safeguards to secure all Americans' confidential medical data.

As part of I-STOP, Governor Cuomo implemented the first electronic prescribing mandate in the nation. As of March 27, 2016, all prescriptions filled in New York State must be transmitted electronically from the prescriber directly to the pharmacy, with certain limited exceptions, to prevent paper prescriptions from being forged or sold for nonmedical use. Electronic prescribing has the additional potential benefits of reducing medication errors due to bad or illegible

[27] New York State Department of Health Bureau of Narcotics Enforcement (2016).

handwriting, and increasing efficiencies for patients, who may not have to wait as long for their prescriptions to be filled. The Task Force recommends that Congress promote electronic prescribing nationwide.

Recommendation Twenty-Five: Add fentanyl to the New York controlled substances schedule.

Fentanyl is a synthetic opiate more potent than heroin and is responsible for an increasing number of overdose deaths in New York and across the country. The Task Force heard from New York law enforcement officials that they have found fentanyl mixed with heroin, and sometimes sold as heroin to unsuspecting drug users. The Task Force also learned that some drug dealers escape prosecution because toxicology reports identify a substance that is not included in the controlled substances schedule.

To close this loophole, the Task Force recommends that the State follow the lead of the federal government and add the three fentanyl analogs temporarily listed by the federal Department of Justice into Schedule I to the New York controlled substances schedule. In addition, the Task Force recommends creating an advisory group comprised of law enforcement and experts in chemistry and pharmacology to identify new analog substances immediately for law enforcement response and to formulate recommendations for new legislation.

Appendix A

Biographies of Task Force Members

Kathy Hochul

Lieutenant Governor, co-chair of the New York State Heroin Task Force

Lieutenant Governor Hochul chairs New York's 10 Regional Economic Development Councils, the State Workforce Development Board and co-chairs the Community College Councils. Lieutenant Governor Hocuhl spearheaded Governor Cuomo's Enough is Enough campaign to combat sexual assault on college campuses and was also named to the NYS Women's Suffrage 100th Anniversary Commemoration Commission. She has served as Erie County Clerk and as a Hamburg Town Councilmember. As a member of Congress, she served on the Armed Services and Homeland Security Committees, focusing on job creation, skills training and creating opportunities for returning veterans. As an attorney on Senator Daniel Patrick Moynihan's staff, she was part of the working group that proposed language for the $1.4 billion anti-drug bill designed to combat drug use nationwide.

Arlene González-Sánchez

Commissioner of New York State's Office of Alcoholism and Substance Abuse Services, co-chair of the New York State Heroin Task Force

Commissioner González-Sánchez oversees OASAS, one of the nation's premier addiction services systems, with more than 1,600 programs that serve over 100,000 New Yorkers daily. Ms. González-Sánchez has more than 30 years of experience in the field of behavioral health administration, policy development, medical research, and extensive expertise in integrating accessible systems of care for New Yorkers. Under her leadership, OASAS is committed to providing quality care for the estimated 2.5 million New Yorkers who struggle with an addiction through a core system of prevention, treatment, and recovery services.

Maria T. Vullo

Acting Superintendent of the Department of Financial Services

Ms. Vullo has more than 25 years of experience in business litigation and investigations. Her expertise includes matters involving securities and other fraud, real estate, health care, insurance, tax, consumer protection, bankruptcy, antitrust, constitutional and environmental law. For 20 years, Ms. Vullo was a partner at Paul, Weiss, Rifkind, Wharton & Garrison LLP. Prior to that, she oversaw the Economic Justice Division in the Office of the New York State Attorney General.

Dr. Howard Zucker

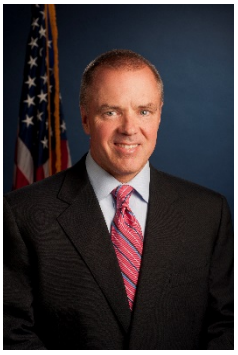
Commissioner of the New York Department of Health

Dr. Zucker is a physician with extensive national and international public policy experience. Before joining the Department in 2013, Dr. Zucker was a professor of Clinical Anesthesiology at Albert Einstein College of Medicine of Yeshiva University and pediatric cardiac anesthesiologist at Montefiore Medical Center in the Bronx. He previously served as Deputy Assistant Secretary of Health, where he developed the nation's Medical Reserve Corps, which today is run by the U.S. Surgeon General. Dr. Zucker has also served as Assistant Director General of the World Health Organization. He is board-certified in five specialties and subspecialties and trained at Johns Hopkins Hospital, the Hospital of the University of Pennsylvania, The Children's Hospital of Philadelphia, and Children's Hospital Boston/Harvard Medical School.

Joshua Vinciguerra

Director of New York State's Bureau of Narcotic Enforcement at the Department of Health

Mr. Vinciguerra is a former federal prosecutor in the U.S. Attorney's Office for the Northern District of New York. Most recently, he served as an Assistant District Attorney in the Manhattan District Attorney's Office, where he prosecuted felony crimes in the Office of the Special Narcotics Prosecutor and in the Frauds Bureau. He has also served as an Assistant Attorney General in the New York State Attorney General's Criminal Enforcement and Financial Crimes Bureau. Mr. Vinciguerra is a volunteer firefighter.



Michael Green

Executive Deputy Commissioner of the Division of Criminal Justice Services

Mr. Green has 25 years of experience as a prosecutor. From 2004-2011, he served as Monroe County District Attorney. Previously, he served as an Assistant District Attorney for 17 years, including three years as First Assistant District Attorney where he was responsible for homicide prosecutions in Monroe County. He has also served as Capital Crimes Prosecutor, Deputy Chief of the Major Felony Bureau, Chief of the DWI Bureau, and trial attorney in the Major Felony Bureau.

Lt. Colonel Frank Koehler

Assistant Deputy Superintendent, New York State Police Bureau of Criminal Investigation

Colonel Koehler has been a member of the State Police for over 30 years. During his tenure he has risen through the ranks and currently oversees BCI operations for more than 1,000 members of the Investigative Branch of the Division of State Police assigned to stations and special details across New York, including the statewide narcotics enforcement unit. Colonel Koehler holds a Master's Degree in Public Administration from Marist College and is a graduate of the FBI National Academy.

Tino Hernandez

President and CEO, Samaritan Village

Mr. Hernandez oversees Samaritan Village, one of the largest non-profit providers of community-based substance abuse treatment services in New York State. Serving more than 28,000 people each year, the agency has evolved into a nationally-recognized organization providing comprehensive health and human services through a network of more than 40 facilities in New York City and upstate New York. Mr. Hernandez currently serves on the Governor's Behavioral Health Services Advisory Council and is President of the Coalition of Behavioral Health Agencies.

Daniel Raymond

Policy Director of the Harm Reduction Coalition

Mr. Raymond has nearly twenty years of experience in the field of harm reduction, including direct service in syringe access and advocacy for drug user health and Hepatitis C treatment access. HRC is a national advocacy and capacity-building organization that promotes the health and dignity of individuals and communities impacted by drug use. Mr. Raymond is a frequent speaker on issues involving drug user health, policy, harm reduction, and innovations in Hepatitis C and HIV prevention and treatment.

Patrice Wallace-Moore

CEO of Arms Acres, Inc.

Mrs. Wallace-Moore is responsible for the management and oversight of Arms of Acres in Putnam County which provides inpatient treatment for those suffering from addiction to alcohol and/or substances. She is also the Vice President of Substance Abuse Services at Liberty Behavioral Management, which manages Arms Acres and Conifer Park, Inc. At Arms Acres, Mrs. Wallace-Moore's staff has trained local citizens in the use of naloxone to prevent fatal heroin overdoses.

Chas. Bennett Brack

Peer/Family Support Specialist with United Health Care

Mr. Brack has been actively involved with human rights organizations including Men of All Colors Together, NY – an anti-racism organization – and the New York City Commission on Human Rights, in the Lesbian and Gay Discrimination Documentation Project/AIDS Discrimination Unit. Mr. Brach has also worked at The Gay Men's Health Crisis, as a producer of their weekly AIDS information television magazine, *Living with AIDS*. Prior to that, he worked at Third World Newsreel, while distributing and touring with his directorial debut, Dreams Deferred: The Sakia Gunn Film Project. Mr. Brack studied documentary arts at Antioch College, graduating with a degree in cultural and interdisciplinary arts.

Michael McMahon

Staten Island District Attorney

Mr. McMahon has more than 30 years of experience as a practicing trial attorney, appearing in courts at all levels throughout New York State. In 1993, he opened his own law firm on Staten Island, which he managed for fifteen years before being elected to Congress. In 2015, after being elected Staten Island District Attorney, Mr. McMahon made it a priority to address the significant challenges facing Staten Island as the epicenter of the heroin and prescription drug crisis. In this role, Mr. McMahon led the takedowns of over a dozen drug dealers on Staten Island, restructured resources and staff within the office to better coordinate leadership between the Narcotics Bureau, Investigations Bureau, and Crime Strategies Unit, and created the City's first and only Overdose Response Initiative. In addition to these efforts, Mr. McMahon continues to lead efforts to increase awareness on the heroin and opioid crisis through education presentations made to local schools and at community meetings. Mr. McMahon is a graduate of New York University and New York Law School.

Adrienne Abbate

Executive Director of the Staten Island Partnership for Community Wellness

Throughout her career in the public health sector, Ms. Abbate has been a prominent advocate for substance abuse prevention and treatment. She is currently the Project Director of the Tackling Youth Substance Abuse (TYSA), a cross sector coalition aimed at leveraging the power of collective impact to improve health outcomes for Staten Island youth. Ms. Abbate has worked to educate the community through town hall meetings and workshops, advance prevention initiatives for youth, and to build capacity of community partners to address Staten Island's drug epidemic.

Kym Laube

Executive Director of Human Understanding & Growth Services

Ms. Laube is a nationally-recognized leader on prevention and oversees HUGS, a nonprofit alcohol and drug prevention agency that provides high-quality education programs for youth in Long Island. HUGS also facilitates the Long Island Teen Institute, a comprehensive 48-hour training held on Shelter Island, NY, four times annually.

Dr. Jeffrey Reynolds

President and CEO of Family and Children's Association

Mr. Reynolds oversees FCA – one of Long Island's largest health and human services organizations offering community-based programs for struggling families, at-risk adolescents, vulnerable seniors, and adults challenged by substance abuse. From 2009-2014, Dr. Reynolds served as Executive Director of the Long Island Council on Alcoholism and Drug Dependence. Prior, he spent 19 years at the Long Island Association for AIDS Care. Dr. Reynolds chaired the Suffolk County Heroin/Opiate Epidemic Advisory Panel, is on the Executive Committee of the Nassau County Heroin Prevention Task Force, and serves as co-chair of Suffolk County's Sober Home Oversight Board. Dr. Reynolds has served on the NYS AIDS Advisory Council since 1994.

Anne Constantino

President and CEO for the Horizon Corporations

Ms. Constantino is responsible for the development and implementation of strategic and annual operating plans for Horizon Health Services, Horizon Village, and the Health Management Group. Horizon, established in 1975, is the largest provider of treatment and recovery services for individuals with mental health and/or substance use disorders in Western New York. Ms. Constantino is a member of several New York State provider groups, and the National Council on Community Behavioral Health.

Cortney Lovell

Director of WRise Consulting

Ms. Lovell oversees consulting services for WRise, a woman-owned strategic consulting company specializing in addiction, mental health, wellness and recovery. She has consulted for corporate businesses, federal agencies, and national and state organizations on substance use prevention, recovery capacity, youth engagement and leadership. Prior to founding WRise Consulting, Ms. Lovell worked with Friends of Recovery – New York as the Director of Recovery Education and Training. She volunteered with Young People in Recovery before working as Young People in Recovery's National Chapter Director.

Susan Salomone

Executive Director of Drug Crisis in Our Backyard

Ms. Salomone co-founded "Drug Crisis in Our Backyard" in 2012, after her son Justin tragically died from a heroin overdose. The organization is dedicated to promoting awareness of drug abuse in communities, bringing recognition of drug addiction as a neurological disease, helping individuals and families find resources, and advancing solutions to limit over-prescribing.

Patrick Seche

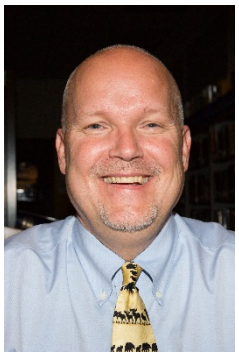
Director of Services in Addiction Psychiatry Division, Associate Clinical Administrator in the Department of Psychiatry and Associate Faculty member at the University of Rochester Medical Center

Mr. Seche has nearly twenty years of experience in the field of addiction treatment. He has worked for a diverse group of organizations in different capacities, including The Health Association's MainQuest Treatment Center and Baden Street Settlement, a not-for-profit organization working to improve families, education and health and reduce crime and violence in Rochester. In his current role, he oversees two outpatient substance use disorder clinics and the integration of addiction services throughout the University of Rochester Medicine system.

Dr. Jerald Woolfolk

Vice President for Student Affairs and Enrollment Management at the State University of New York at Oswego

Ms. Woolfolk began work at SUNY Oswego in 2014 after working at Mississippi Valley State University and the CUNY College of Staten Island. She has filled several roles at universities focused on student affairs and has supported efforts to combat addiction on campus. Dr. Woolfolk has a Ph.D. in Urban Higher Education from Jackson State University.



Thomas O'Brien

Superintendent of Roxbury Central School District

Prior to serving as Superintendent, Mr. O'Brien was a Principal at Roxbury Central Schools. In addition to his work as Superintendent, Mr. O'Brien is an EMT with the Roxbury Volunteer Fire Department, a member of the Ski Patrol at Belleayre Mountain, the EMS Coordinator at the Grey Fox Bluegrass Festival, and a Board Member at the Margaretville Hospital. He also serves as a board member the New York State Rural Schools Association, and a member of the NYSCOSS Legislative Committee and the New York Safe Schools Task Force.

Senator Terrence Murphy

Dr. Terrance Murphy represents the 40th district of New York, which includes parts of Westchester, Putnam, and Dutchess Counties. Prior to the serving in the Senate, Dr. Murphy served in the Yorktown Town Board since 2009. A lifelong resident of the Hudson Valley, Dr. Murphy is a small business owner and manages a chiropractic practice.

Assemblymember Linda Rosenthal

Assemblymember Linda Rosenthal represents the 67th district of New York, which includes the Upper West Side and parts of Clinton/ Hell's Kitchen in Manhattan. Prior to serving in the Assembly, Ms. Rosenthal served for 13 years as Manhattan District Director and Director of Special Projects for Congressman Jerrold Nadler. She is a lifelong resident of the Upper West Side.

Appendix B

Task Force Listening Sessions and Presenters

<u>Session One</u> - Tuesday, May 17, 2016
G.E. Theater (Black Box Theater)
Proctors Theater
432 State Street
Schenectady, New York 12305

Presenters
Kevin Connally, Executive Director, Hope House Inc.
Gay Hartigan, Chief Operating Officer, Liberty Behavioral Management
Stuart Rosenblatt, Executive Director, New Choices Recovery Center

<u>Session Two</u> - Wednesday, May 18, 2016
Syracuse University, Maxwell School
Public Events Room (220 Eggers Hall)
Syracuse, NY

Presenters
Jeremy Klemanski, Chief Executive Officer, Syracuse Behavioral Healthcare
Nicole Siriano, Clinical Director, CNY Services
James Scordo, Executive Director, Credo Community Center

<u>Session Three</u> - Thursday, May 19, 2016
Medaille College
Main Building
18 Agassiz Circle
Buffalo, NY

Presenters
Gale Burstein, Commissioner of Health, Erie County
Dr. Rob McCormack, Chair of Emergency Medicine at University of Buffalo
Torin Finver, Medical Director, Horizon Village Terrace House
Dr. Raul Vazquez, Urban Family Practice

Session Four - Wednesday, May 25, 2016
Farmingdale State College
Campus Center, Ballroom
2350 Broadhollow Road
Farmingdale, NY 11735
Presenters
Dr. Patrick M. O'Shaughnessy, Chief Medical Officer, Catholic Health System of Long Island
Tim Sini, Police Commissioner, Suffolk County
Anthony Rizzuto, Executive Director and Founder, Families in Support of Treatment (F.I.S.T.)

Session Five - Wednesday, May 25, 2016
CYO-MIV Community Center
6541 Hylan Blvd
Staten Island, NY 10309

Presenters
Paul Samuels, President/Director, Legal Action Center
Pamela Mattel, Chief Operating Officer, Acacia Network

Session Six - Thursday, May 26, 2016
3rd Floor , Van Hoevenberg Room
Conference Center at Lake Placid
2608 Main Street
Lake Placid, NY 12946

Presenters
Connie Wiley, Director, Champlain Valley Family Center
Colleen O'Neil, Sheriff, Jefferson County
Linda Beers, Public Health Director, Essex County Public Health

Session Seven - Tuesday, May 31, 2016
Binghamton University
Innovative Technologies Complex
85 Murray Hill Rd
Vestal, NY 13850

Presenters
Ruth Roberts, Director of Community Services, Chenango County Mental Hygiene Services
Michele Napolitano, Executive Director, Fairview Recovery Services
Jill Alford-Hammitt, Substance Abuse Prevention Program Manager, Lourdes Student Assistance Program

<u>Session Eight</u> - Wednesday, June 1, 2016
YWCA of Brooklyn
30 3rd Ave
Brooklyn, NY 11217

Presenters
Dr. Lawrence Brown, Chief Executive Officer, START Treatment & Recovery Centers
Saeeda Dunston, Executive Director, Elmcor
Dr. Michael Fiore, Director of Addiction Services, Mount Sinai-Beth Israel