Date: March 4, 2019
To: Finance, Revenue and Bonding Committee
From: Ben Shaiken, Manager of Advocacy & Public Policy, The Alliance
Re: H.B. 5192 AN ACT ESTABLISHING A PILOT PROGRAM ALLOWING A TAX CREDIT FOR HOSPITALS THAT MAKE BEDS AVAILABLE FOR OPIOID ADDICTION TREATMENT SERVICES

Good morning Senator Fonfara, Representative Rojas, Senator Witko, Representative Davis, and distinguished members of the Finance, Revenue and Bonding Committee:

My name is Ben Shaiken, Manager of Advocacy & Public Policy at the CT Community Nonprofit Alliance (The Alliance). The Alliance is the statewide advocacy organization representing nonprofits, with a membership of more than 300 community organizations and associations. Nonprofits deliver essential services to more than half a million people each year and employ almost 14% of Connecticut’s workforce.

Thank you for the opportunity to testify with regard to H.B. 5192 An Act Establishing a Pilot Program Allowing a Tax Credit for Hospitals that Make Beds Available for Opioid Addiction Treatment Services. While The Alliance appreciates the intent of this bill, we caution the Committee that expanding beds specifically for opioid treatment in hospital settings is not the most effective way to expand services to address the epidemic.

Connecticut has an extensive existing evidence-based treatment network that includes community nonprofit providers. They deliver wraparound services to people suffering from opioid addition, including inpatient detoxification, short- and long-term residential treatment, FDA-approved Medication Assisted Treatment including Methadone, buprenorphine (Suboxone) and naltrexone (Vivitrol), outpatient counseling and treatment, and more. Hospitals and hospital systems play a critical role in that treatment network and partner with community providers in every community in the State.

We urge this Committee to build upon our existing treatment system and fully fund substance abuse treatment, rather than diverting funding into hospital beds. There are a number of groups the legislature has convened to study and make recommendations, including the Alcohol and Drug Policy Council, which is coordinating efforts, information gathering and making policy recommendations.

As with any other crisis, failure to adequately fund solutions to stop opioid epidemic now assures that the state will undoubtedly incur additional costs, both human and financial. In FY13, 406 people died in Connecticut of a drug overdose. In FY17, 1,011 Connecticut residents died, an increase of nearly 150%. Over that same time period, DMHAS grant funding for substance abuse services has been cut by 30%. We ask this Committee to focus its efforts on adequately funding our current system.

Thank you for your consideration of this important issue.