



Kansas Association of Addiction Professionals

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**800 SW Jackson, Suite 1100
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Testimony on Senate Bill 149

Senate Commerce Committee

February 20, 2013

Mr. Chairwoman Lynn and Members of the Committee,

I am Dulcinea Rakestraw, Vice President of Treatment Services for Preferred Family Healthcare and Chair of the Kansas Association of Addiction Professionals (KAAP), the state's largest trade association devoted solely to substance use disorder treatment providers and prevention programs from across Kansas. I am appearing today to provide comments on Senate Bill 149 as it relates to the substance use disorder (SUD) services.

KAAP would like to draw your attention to a few areas of the bill that are in need of revision:

- Sec. 1 (l) 3, (page 12 line 17). "Any applicant...who tests positive...shall be required to complete a substance abuse treatment program..."
 - According to SUD standards, a positive test alone does not always warrant a treatment program. For all other SUD treatment the individual receives an assessment to determine if treatment is needed.
- Sec. 1 (l) 3, (page 12, line 19). "...substance abuse treatment program approved by the secretary of children and families, secretary of labor or secretary of commerce..."
 - The Department of Aging and Disability Services has the statutory authority to license SUD programs and authorize state and federal funding for SUD treatment.
- These specific references are repeated in the UI section, Sec. 4 (t) 1, (page 27 lines 4-10).
- SB 149 should specify that treatment will be provided in "a state licensed substance abuse treatment program with licensed addictions counselors" to ensure professional, audited, and state regulated programs perform the assessment and treatment. It is contrary to current law for unlicensed persons to provide addiction treatment.
- We do not see any reference to a funding source for the costs of an assessment and/or a treatment program.
- If there is no other funding source, will these individuals access resources in the public SUD treatment system, drawing resources from existing funding streams (Medicaid—if eligible) and block grant funding (for non-Medicaid eligible). If that is the intention, these individuals will reduce funding available for services for other eligible clients.

Additionally, there are a few policy issues that should be considered related to Senate Bill 149:

- Currently the Department of Children and Families (DCF) has policies in place to screen all applicants for Temporary Aid to Need Families (TANF) for probability of substance use disorders. The screening process currently in place utilizes the Substance Abuse Subtle Screening Inventory (SASSI), and a referral for a full assessment as needed.



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- Current screening can assess for alcohol abuse, which is not tested for in typical urine screen tests, and is the number one substance of abuse in Kansas. Current screening can also assess those that may be using methamphetamines, cocaine or other substances that are undetectable in urine within a short period of time.
- Additionally, this type of screening is more cost effective than across the board drug screening, as welfare recipients are not more likely to use drugs than the general population* (approximately 10 percent of the population**) according to a 1996 study by the National Institute of Alcohol Abuse and Alcoholism.

*National Institutes of Health Press Release, *NIAAA Researchers Estimate Alcohol and Drug Use, Abuse, and Dependence Among Welfare Recipients*, (1996). Internet. Available: <http://www.nih.gov/news/pr/oct96/niaaa-23.htm>

**The rate of current illicit drug use among persons aged 12 or older in 2006 was 8.3 percent, and the rate of heavy drinking was reported 6.9 percent of the population aged 12 or older according to Substance Abuse and Mental Health Services Administration, 2006 National Survey on Drug Use and Health (available at <http://www.drugabusestatistics.samhsa.gov/nsduh/2k6nsduh/2k6Results.cfm#Fig2-1>).

I would be happy to stand for questions at the appropriate time.