



The Future of Substance Abuse Services in New York State

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Coming out of the “Great Recession,” substance abuse treatment services have been experiencing the pangs of the economic downturn. Resources for social programs are inherently scarce. Agencies are being forced to cannibalize each other for the remaining resources. According to Summit, et al. [1], there is a lack of funding and comprehensive health insurance coverage as well as political will to prioritizing the treatment of specific disorders. Political will is a key factor towards reducing stigmas assigned to disenfranchised populations.

The Patient Protection and Affordable Care Act (also known as Obama Care) creates a demand for health insurance services. This has the potential to create a control of the supply. Substance abuse coverage does not have to coincide with the services recommended by the treatment providers. Insurance companies can increase the cost of health insurance policies in order to include substance abuse treatment, as much as 10 to 15 percent [2]. It has been increasingly difficult to obtain the appropriate services for individuals in need of treatment due to insurance coverage. Although Obama Care has the intention of providing more extensive coverage for substance abuse treatment, there is no guarantee regarding implementation.

According to Tanner [3], businesses with preexisting health insurance coverage are being “grandfathered in” and do not have to meet the new minimum benefits to include more coverage for services. Subsequently, benefits may be reduced while increasing co-pays and deductibles [3]. If health insurance does not pay for certain services, then individuals with addictions may have fewer treatment options.

The Office Alcohol and Substance Abuse Services (OASAS) have regulations that mandate programs to be abstinence-based. Because of such regulations, programs cannot continue to treatment individuals who have chronic relapse and yet health insurance may not pay for higher levels of care. This will marginalize programs by jeopardizing their licensure to operate if these programs are not compliant with the regulations. There seems to be a lack of cohesion between the payment for treatment and the treatment facilities regulations. Consequently, a stigmatized population is further stigmatized. Fewer treatment options support the moral framework of addiction and the attitude that character defects cannot be treated.

One of the many challenges is retaining qualified healthcare professionals on staff. Financial crisis of the agencies means that monetary compensation cannot be offered as an incentive. If health insurance benefits do not cover the majority of treatment needs, the agencies will be generating less revenue resulting in lay offs. With this trend, reduction in this staff will only foster the reduction of services available to treat individuals with alcohol and drug addictions.

References

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