

Drug & Alcohol Service Providers Organization of Pennsylvania

**Representative George Kenney, Chairman
Health and Human Services Committee
Pennsylvania House of Representatives
House Box 202020
Harrisburg, PA 17120**

Dear Representative Kenney,

Thank you for the opportunity to comment on House Bill 1649 calling for the establishment of the Drug and Alcohol Treatment and Prevention Fund.

While we appreciate the intent of House Bill 1649, we are greatly concerned about this proposal. Here's why:

Lockbox –

The proponents of House Bill 1649 claim that this legislation is a "lockbox", guaranteeing the safety of and providing for automatic expansion of funding for drug and alcohol addiction treatment and prevention outside the annual appropriations process.

While appreciating the intent, we don't think House Bill 1649 can accomplish this goal. The Pennsylvania General Assembly has the right and constitutional duty to review, allocate and re-allocate sources of revenue on an annual basis. We note that the appropriations bills are germane and are annually available to repeal or alter any such designation of funding – and there is a readily available history of just such action. All legislation aside, we need look no further than the Tobacco Settlement Fund to see that the financial priorities of government and the General Assembly change from year-to-year.

House Bill 1649 is no "lockbox". Even if it were to be enacted, funding could be re-allocated each year during the annual appropriation process or additional, unrelated programs could be added to the fund as has occurred frequently with the Lottery Fund.

Consolidation of Treatment and Prevention Funds –

Proponents of House Bill 1649 have advocated that consolidation of most of the drug and alcohol funding in one place and providing funding primarily through one source is a good idea.

Proponents claim that consolidation and funding provided through House Bill 1649 would have prevented the cuts to addiction treatment that occurred in state FY03-04.

We believe that the experience of 2003 demonstrates exactly the opposite.

In 2003, the administration proposed \$104 million in cuts to drug and alcohol treatment funding from the budget of the Department of Public Welfare. The proposed \$104 million cut was half of the public funding available for the treatment for our state's poorest citizens. Fortunately, there was other funding for treatment available in the Department of Health, the Pennsylvania Commission for Crime and Delinquency, the criminal justice system and elsewhere.

Without such diversification of funding, the drug and alcohol treatment system would simply have collapsed. As it is, we did lose about 50 treatment programs. Significantly, most of these were dependent on a single source of revenue to fund patient care – the Department of Public Welfare.

In summary, House Bill 1649 provides no "lockbox" or security against the annual appropriations process, nor does it guarantee funding increases. Consolidation of the major funding streams into one increases the vulnerability of the statewide effort. In fact, it was the diversification of funding that kept our system alive in 2003.

A few additional comments are in order.

We worry greatly about prevention of alcohol and other drug abuse. Yet ironically, under House Bill 1649 prevention/treatment services would become dependent on increased alcohol consumption by our fellow citizens for future funding increases.

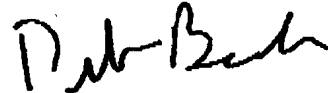
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Although we oppose House Bill 1649 for the reasons listed above, here are two counterproposals:

- **We strongly urge the General Assembly to raise taxes on beer and designate some percentage of these new revenues to the Bureau of Drug and Alcohol Programs for prevention and treatment services. This proposal was advanced by the Drug and Alcohol Service Providers Organization of Pennsylvania many years ago and serves the dual purpose of generating new funds and cutting alcohol consumption by young people.**

- **Finally, the only way a consolidation of funds as proposed in House Bill 1649 could work is if all funds were provided to a cabinet-level Department of Drug and Alcohol Programs as described in House Bill 1773.**

Sincerely,



Deb Beck, MSW
President/DASPOP

February 14, 2006