



121 West 36<sup>th</sup> Street #201  
New York, NY 10018  
Email: [allschorr@westmidtownmedical.com](mailto:allschorr@westmidtownmedical.com)  
212-643-8811 ext. 327  
Website: [www.compa-ny.org](http://www.compa-ny.org)

---

COALITION OF MEDICATION-ASSISTED TREATMENT PROVIDERS AND ADVOCATES

---

**Testimony of Coalition of Medication-Assisted Treatment Providers and Advocates  
Joint Legislative Hearings on the FY 2018-19 Executive Budget  
Mental Health  
Submitted by Allegra Schorr, President  
February 13, 2018**

Thank you for the opportunity to submit testimony. COMPA represents the State's 106 Opioid Treatment Programs (OTP) and Medication Assisted Treatment (MAT) programs.

The Opioid Treatment Programs are essential treatment hub providers with a specialized mission to treat individuals with opioid dependence through Medication Assisted Treatment. There are over 41,000 New Yorkers or one-third of the Office of Alcoholism and Substance Abuse Services (OASAS) system receiving treatment in OTPs. OTP services are crucial to New York's healthcare system, and are critical during the current prescription opioid and heroin epidemic. OTPs are the only treatment modality where all three federally approved medications are available (methadone, buprenorphine, and extended-release naltrexone). OTP treatment is comprehensive and multi-disciplinary, and includes counseling, physical exams, and medications, with an average patient visit of 3.5 times per week. OTPs operate within strict regulations and accreditation standards, which authorize an unlimited federal capacity to dispense buprenorphine.

These programs are able to provide support and resources to DATA 2000 practices – health care practices that have federal approval to prescribe buprenorphine – in a variety of collaborative treatment models, such as the hub and spoke model, which can enable these practices to treat a greater number of patients and respond to the epidemic more effectively.

Although New York has made some significant inroads by laying the groundwork for positive reforms, the heroin/opioid epidemic is only getting worse. Overdoses are responsible for lowering the American life expectancy rate for two years in a row and are now the number one killer of people 18 to 34. It is imperative that the State continue to invest in treatment to ensure that everyone who needs help can obtain it. Last year, seven OTPs opened across New York due to increased state funding and assistance from OASAS. Yet, there are still areas of the state where people cannot easily access OTP services. OTPs are on the frontlines of fighting opioid addiction in New York and it is critical that the State enact policies that ensure easy access to quality, comprehensive cost-effective care.

According to the former Surgeon General's landmark report (*Facing Addiction in America, 2016*), Medication Assisted Treatment is a critical component of reducing the devastating impact of the heroin/opioid epidemic. In keeping with this guidance, New York must focus its response in the

following areas: Removing barriers to Medication-Assisted Treatment, expanding access to MAT, and creating a continuum model of care, with MAT at the center.

### **Funding for Opioid Treatment**

COMPASS is encouraged to see that the FY 2018-19 Executive Budget includes \$26 million in new funding for OASAS programs and continues funding for combatting the opioid and heroin epidemic at the historical appropriation level of \$200 million.

In addition, COMPASS supports the Executive Budget recommendation of a new surcharge on opioids, which is estimated to raise \$127 million.

COMPASS requests that ALL funding raised by this surcharge be used to supplement existing spending on opioid addiction and not replace existing spending. The National Center for Health Statistics shows a 7.7% increase in the 12 Month-ending Provisional Counts of Drug Overdose Deaths for New York State and a 19.3% increase for New York City (US CDC/National Center for Health Statistics, 2018).

The State needs every available dollar to help combat this nationally declared public health emergency.

### **Workforce Salary Enhancements**

COMPASS appreciates that the FY 2018-19 Executive Budget honors the agreement made in the previous budget to provide a 3.25% salary increase for direct care staff, direct support workers, and clinical workers in 2018. This will be the second increase for direct care staff and direct support staff, who received a salary enhancement of 3.25% on January 1, 2018. These increases are necessary to address the workforce shortage and high turnover rates in the behavioral health sector.

COMPASS is disappointed that the COLA for workers in OASAS licensed or certified programs was eliminated as part of the FY 2018-19 Executive Budget.

### **Ensuring Commercial Insurance Coverage in order to Increase Access to Treatment**

The protections in the federal Mental Health Parity and Addiction Equity Act of 2008 have been expanded in the 21<sup>st</sup> Century Cures Act. Governor Cuomo and the New York State Legislature passed several laws that went into effect January 1, 2017, which reflect the federal measures. These initiatives address gaps in parity in health plans and help ensure that behavioral health services are not offered at a lesser benefit than medical/surgical health services. Despite this progress, patients are still experiencing obstacles to treatment on the commercial insurance side. One of the new laws made changes to the Medicaid program to enable recipients to easily access services. The type of insurance coverage should not matter. In order for everyone suffering from opioid addiction to have access to treatment and to protect against any interruptions in treatment, COMPASS recommends that the Final FY 2018-19 State Budget include the following provisions with regard to **commercial insurance**:

- Require Managed Care Organizations (MCOs) to include OTPs in their network of authorized providers, if the provider is willing to meet the terms and conditions for participation established by the carrier. Currently, many plans do not contract with OTPs. This is particularly true in New York City. Even though insurers might cover OTP services, if there is no OTP in the network, people cannot access these services. Requiring the inclusion of an Opioid Treatment Program in

the MCO's network provides an opportunity for the OTP to negotiate for the chance to participate as a covered provider.

- Prohibit copays for treatment at Opioid Treatment Programs (A.9082); private insurance, including plans available under the Affordable Act, require co-pays to be collected at each visit. This requirement creates a barrier to OTP treatment services, as it does not take into account the frequency of patient visits. For example, at the start of treatment, patients receiving Methadone are required by federal law to receive treatment up to 6 times a week for 90 days. Once that 90 days is up, many patients still require visits for medication several times a week. Requiring daily co-pays under these circumstances becomes cost-prohibitive for people seeking treatment. *It is unlawful for providers to waive coinsurance, deductibles and co-pays as regular business practice.*
- Prohibit prior authorizations for treatment at OTPs, treatment for outpatient SUD, and the dispensing or prescribing of federally approved MAT drugs (S.6674/A.7979-A).
- Mandate coverage for all services at OTPs, which include counseling, physical examinations, peer recovery services, care coordination, and the dispensing or prescribing of all three federally approved medications for the treatment of opioid use disorder.

US CDC/National Center for Health Statistics. (2018, February 9). Products - vital statistics rapid release - provisional drug overdose data. Retrieved from <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>