



COALITION OF MEDICATION-ASSISTED TREATMENT PROVIDERS AND ADVOCATES

Joint Legislative Budget Hearing Mental Hygiene February 16, 2023

Testimony submitted on behalf of COMPA by Allegra Schorr, President

Thank you for the opportunity to testify today and thank you for your leadership in combating the deadly upsurge in the ongoing fentanyl and opioid epidemic. As you are aware, overdoses have increased drastically across the state.

The recent county opioid quarterly report from the state Department of Health shows that New York saw a 14% increase in overdose deaths involving opioids in 2021 compared to 2020, and in New York City an estimated 108,000 drug overdose deaths occurred in the United States with more overdose deaths than any prior year on record. New York's opioid death rates exceeded national death rates in both 2020 and 2021. Fentanyl continues to drive overdose deaths.

New York needs to approach the opioid use crisis with a renewed level of urgency and investment. Our response must begin by addressing the workforce shortage so that access to medications for opioid use disorder can be maintained and expanded. Further, we must eliminate all barriers to treatment imposed by health plans and created by inadequate provider networks. We must fully support the ability to provide integrated care to address the needs of the 37.9% of people with substance use disorder (SUD) who also have a mental illness and the 18.2% of people with mental illness who also have a substance use disorder. In addition, it is critical that private insurers include addiction providers, including Opioid Treatment Programs (OTPs), as in-network providers.

([https://nida.nih.gov/research-topics/trends-statistics/infographics/comorbidity-substance-use-oth-er-mental-disorders](https://nida.nih.gov/research-topics/trends-statistics/infographics/comorbidity-substance-use-other-mental-disorders)). Finally, addiction treatment must transition from a criminal justice-centered model to the public health crisis that it is. This transition requires that New York build infrastructure to create and foster referrals and collaborations between mainstream healthcare and social services and SUD providers.

The isolation and despair of the COVID-19 pandemic contributed to this tragic reality along with the increase of opioid-related illicit fentanyl and similar synthetic opioids. It is crucial to recognize that overdose deaths for all racial and ethnic groups grew; however, the rates increased nearly five-fold for Black New Yorkers, quadrupled for Hispanic or Latino New Yorkers, and tripled for White New Yorkers.

Opioid Treatment Programs and Medication-Assisted Treatment (MAT) providers are on the frontlines of fighting the overdose epidemic. There are 110 OTPs in New York serving over 43,000 New Yorkers. These essential providers assist those struggling with opioid dependence through MAT, which combines individually tailored behavioral therapy with clinically effective medications. Currently, only 32 counties out of 62 in New York State have an OTP. If we want to ensure that all residents can access care, we must increase investment in these programs.

As New York continues to struggle with the impact of the pandemic and the increase in deadly overdoses across the state, it is vital that the State support policies and provide funding that increase access to MAT and remove barriers which impede that access. COMPA recommends that New York focus its response on the areas outlined below.

Invest \$500 million in the workforce and include an 8.5% COLA:

OTPs and MAT providers are unable to treat patients up to their normal capacity due to a staffing shortage. Program staff is underpaid, overworked and burnout is high. The workforce shortage must be addressed so that access to MAT can be maintained and expanded.

- **Medicaid rate increase:** A rate increase would help stabilize the work force and address the rising cost of services. Since this funding is flexible, it can be used where it is needed most. COMPA recommends providing a higher reimbursement rate for higher-credentialed staff. Currently, reimbursement rates are the same for all staff regardless of title or education.
- **8.5% COLA increase:** This is necessary to help combat years of underfunding.
- **Broad-based initiatives to create a workforce pipeline:** Programs to provide loan forgiveness, internship stipends and stipends for CASAC trainees, and fellowships in addiction medicine would help build and maintain the workforce, particularly in underserved areas.

Prevent OTP closures due to OMIG audits:

In 2022, Governor Hochul vetoed S.4486-A (Harckham)/A.7889 (Gottfried) (2022), which would reform the Medicaid audit process of the Office of the Medicaid Inspector General. The current process is focused on meeting a pre-determined fiscal target at the expense of providers who have not engaged in fraud or abuse. This aggressive approach threatens to destabilize the OTP system and has already resulted in the loss of one program that served 1,500 patients.

In her veto message, the Governor acknowledged that the audit processes should not place an undue burden on providers and directed OMIG to take steps to address the concerns that underlie the bill. The protections outlined in the legislation would bring a balanced and fair approach to the audit process. COMPA expects Governor Hochul to follow through on her commitment to bettering this process for all Medicaid providers. Without reform, access to care for our most vulnerable New Yorkers is threatened.

Establish and enhance integrated services: COMPA **opposes** the merging of OASAS and OMH, but it strongly supports **the integration of care.**

- **Establish comprehensive outpatient services:** COMPA supports S.2704 (Harckham)/A.8009 of 2022 (Jackson), which authorizes DOH, OASAS, and OMH to jointly establish a single set of licensing standards and requirements for comprehensive

outpatient services centers. The focus of this bill is to ensure that people can seamlessly access services for co-occurring mental health and substance use disorders while also accessing necessary primary care services.

- **Support combined Part 822 OASAS outpatient license with reimbursement:** Currently, two separate licenses are required for a single organization to operate an outpatient OTP and an outpatient SUD (OASAS Substance Use Disorder treatment) program. Combining these licenses enables OASAS licensed outpatient SUD providers to directly apply for federal OTP licensure, which will increase capacity and allow OTP programs to provide comprehensive outpatient care to the entire community. Reimbursement should incentivize the delivery of MAT, as well as provide for a higher reimbursement for more complex patients who need higher credentialed staff (i.e., patients with co-occurring disorder). To accomplish these goals COMPA recommends an **overall investment in SUD outpatient treatment** to include:
 - **Increase reimbursement for medication management.**
 - **Establish an *add-on rate code* for services provided by higher credentialed, licensed staff.**
 - **Increase reimbursement rate for OTP services to match SUD outpatient rate.**

Ensure network adequacy and access to treatment in commercial networks:

COMPA supports S. 3524 (Fernandez), which would ensure access to behavioral health treatment services by adding such service to network adequacy requirements for insurance coverage. It is essential that all OTPs and MAT prescribers participate in managed care networks of all commercial insurance plans. All too often people with commercial insurance seek OTP treatment and discover that although the service is covered, the insurer does not have any OTP providers in its network.

Additionally, the Governor's budget proposal includes a section on insurance reforms (Part II, of the Health & Mental Hygiene Article VII Legislation). These proposals are important. However, it is critical that additional steps are taken to ensure that insurance companies increase their in-network panel of providers to allow for increased access to services. Currently, an insurance company may have only one in-network provider in a 60-mile radius, which creates a prohibition of services.

Establish Overdose prevention sites: COMPA supports this policy as an important part of harm reduction efforts if it is accompanied by protocols to establish connections to treatment. Evidence demonstrates that these programs prevent overdose deaths and play a critical role in combatting the opioid epidemic. COMPA urges passage of S.399A(Rivera)/A.3383A of (Rosenthal).

Strengthen services at the community level:

- **Ensure a clinical-based response to people in crisis:** COMPA agrees that homelessness is a problem in New York City and other parts of the state, but it opposes the NYC Mayor's plan to involuntarily hospitalize people. The State should reject this approach and instead invest more in mobile crisis teams, crisis stabilization, and

treatment slot/bed capacity. Further, it is critical that people receive a referral to treatment after they receive crisis stabilization services. Otherwise, people will cycle back into homelessness or the criminal justice system.

- **Expand community referrals from outreach teams and other sources:** There are multiple missed opportunities for outreach teams and others to liaison among harm-reduction, mental health, MAT, housing providers, and the criminal justice system. In New York City, for example, relay and outreach teams on the streets provide referrals to a variety of services in places like schools, shelters, pre-arrest diversion programs, and hospitals. They are not required to, nor do they tend to, make consistent referrals to OTPs for MAT. In addition to the outreach teams, schools, hospitals, shelters, and other agencies should be referring people to OTPs on a regular basis. For those in the criminal justice system, early referral to treatment could have helped them avoid the system all together. For many, they don't receive treatment until they are in the system.

New York should adopt the Community Health Access to Addiction & Mental Health Care Project ombudsman model statewide (**CHAMP**), to address these issues. The CHAMP model features community liaisons who assist in resolving recurring issues, which can also be an important step toward creating infrastructure to transition addiction treatment dependent on criminal justice referrals to a public health model.

Monitor Opioid Settlement Fund spending: New York has received \$2 billion in funding from settlement agreements with opioid manufacturers and distributors deemed responsible for the excessive amount of opioids in the public realm. New York set up an opioid settlement fund and advisory board to help ensure that spending is in line with the purposes specified in the settlement agreements. COMPA commends New York for taking the necessary steps to protect this funding. Further, COMPA recommends that the advisory board and elected officials develop a comprehensive plan that allows for long-term planning, more stakeholder input, and innovative approaches to addressing the epidemic. The current budget-to-budget approach hampers the State's ability to ensure that all pathways are explored.

For additional information, please reach out to Allegra Schorr at aschorr@compa-ny.org.