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| **COALITION OF MEDICATION-ASSISTED TREATMENT PROVIDERS AND ADVOCATES** | |

**Policy Agenda** (*4/23/18*)

**2018**

**Addressing the Epidemic**

New York State is in the midst of a devastating heroin/opioid epidemic. Although, New York has made some significant inroads by laying the groundwork for positive reforms, it is imperative that the State continue to invest in treatment to ensure that everyone who needs help can obtain it. The Opioid Treatment Programs (OTPs) are essential treatment hub providers with a specialized mission to treat individuals with opioid dependence through Medication Assisted Treatment (MAT). 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 this epidemic. Most recently, in April of 2018, the federal government declared MAT to be the “standard of care” when it comes to treating those suffering from opioid addiction. 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.

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. 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-waived qualifying physicians and mid-level practitioners– health care practices that have federal approval to prescribe buprenorphine – in a variety of collaborative treatment models, such as the Hub and Spoke model. This collaboration can enable these practices to treat a greater number of patients and respond to the epidemic more effectively.

In 2017-18, seven OTPs opened across New York due to increased state funding and assistance from OASAS. In addition, COMPA commends the Governor and Legislature for the progress they made in addressing the epidemic as part of the final FY 2018-19 State Budget. 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 access to quality, comprehensive cost-effective care.

**Ensuring Commercial Insurance Coverage**

New York law enables Medicaid recipients to easily access OTP services and the same access should be granted to people with private insurance.  Although opioid addiction impacts people from all ethnicities and income levels, the [CDC](http://www.cdc.gov/vitalsigns/heroin/) reports that the greatest increase in heroin use since 2002 has occurred among demographic groups that have had traditionally low levels of use, including women, Americans with higher incomes, and people who have health insurance coverage.

Some progress has been made in this area. For example, the protections in the federal Mental Health Parity and Addiction Equity Act of 2008 have been expanded in the 21st Century Cures Act. Governor Cuomo and the New York State Legislature passed several laws which went into effect January 1, 2017 and additional measures as part of the Final FY 2018-19 State Budget that moved access to treatment forward. All these measures 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 under commercial insurance. In order to guarantee access to treatment and to protect against any interruptions in treatment, COMPA recommends that New York legislate 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 and S.8065**; not matching). Private insurance, including plans available under the Affordable Care Act, require copays 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, Methadone patients are required by federal law to receive treatment 6 times a week for 90 days. In addition, many Medication Assisted Treatment patients require visits several times a week while they stabilize in treatment. Requiring daily copays under these circumstances becomes cost-prohibitive for people seeking treatment. *It is unlawful for providers to waive coinsurance, deductibles, and copays as regular business practice.*
* Prohibit prior authorizations for treatment at OTPs for Medication Assisted Treatment drugs, whether they are prescribed or dispensed **(S.6674/A.7979-A)**. Language in the Final FY 2018-19 State Budget prohibited prior authorizations for outpatient services, including OTPs. However, it is unclear from the language if the new law includes Medication Assisted Treatment in all forms.

* Mandate coverage for all services at OTPs, which include counseling, required 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.

**Integration of Primary Care**

OTPs serve some of the highest need and highest cost Medicaid recipients, who suffer from co-morbid physical health conditions and chronic illness. In working to meet its DSRIP goals of reduced hospitalizations, the State recognized that OTPs are perfectly situated to serve as the primary care provider to these patients since they see these individuals sometimes on a daily basis. Subsequently, the State removed regulatory barriers to this end. However, a fiscally sound and sustainable reimbursement rate is needed to support the delivery of integrated behavioral health and primary care.

* Establish a designation of Center for Excellence for those OTPs that can provide the higher-level service of primary care.

* Require Medicaid Managed Care Organizations to integrate primary care for enrolled OTP patients and reimburse preventive care, to include screenings, vaccinations, necessary ancillary services, and specifically designed chronic care bundles, in these designated Center for Excellence OTPs using published facility APG rates.

**Health Homes and Care Coordination**

Rhode Island and Maryland are two states where OTPS are certified as Health Homes and care coordination takes place directly in the OTP. Rhode Island has an accreditation standard for OTP Health Home models.

* COMPA appreciates the interest in this model and recommends that implementation of this model or a variation be fast-tracked in New York State to increase Health Home enrollment, improve care coordination for the OTP population and improve access to HCBS services for the HARP eligible population that are enrolled in OTP programs throughout New York State.

**Addressing Workforce Shortage in OTPs and MAT**

In 2017, the Governor proposed the following as part of his platform: *Increase Access to Life-Saving Buprenorphine Treatment by Recruiting Health Care Providers to Become Prescribers.* To help address this proposal and also to provide physicians and medical workforce needed in our programs COMPA recommends:

* Creating a tuition reimbursement/student loan forgiveness program based on employment in a New York State Opioid Treatment Program and/or an New York State OASAS certified CD-OP with an active MAT program.
* Offering qualified physicians, physician assistants and nurse practitioners that complete DATA 2000 waiver courses, and maintain an active caseload of patients, a one-time reduction of New York State licensing/registration physician/NP/PA fees.
* Supporting **A.8890**, which provides loan forgiveness for Credentialed Alcoholism and Substance Abuse Counselors (CASACs).

**Funding for Opioid Treatment**

COMPA was encouraged to see that the Final FY 2018-19 State Budget included an opioid stewardship payment on the majority of opioids prescribed for pain. This is expected to raise $100 million. COMPA maintains that ALL funding raised by this payment be used to supplement existing spending on opioid addiction and not replace it.