

COALITION OF MEDICATION ASSISTED TREATMENT PROVIDERS AND ADVOCATES

Final Budget
Health & Mental Health Article VII
S.7507-B/A.9507-C

Opioids

March 30, 2018

Ombudsman (Part FF)

Part FF creates the Independent Substance Use Disorder and Mental Health Ombudsman. The Ombudsman program will be operated by OASAS in consultation with OMH and is charged with assisting individuals with substance use disorders and/or mental illness to ensure that they receive proper health insurance coverage. The Ombudsman will identify, investigate, refer and resolve complaints made by consumers or providers that have to do with insurance coverage, access to services, and network adequacy.

OASAS Peers (Part GG)

This section establishes the certified peer recovery advocate services program. This codifies the existing peer program at OASAS. It outlines what services peers can provide, but states that the list is not exhaustive. Services include developing recovery plans, accompanying people to appointments, providing non-clinical crisis support, and linking people to treatment, including medication- assisted treatment (MAT).

Elimination of Prior Authorizations (Part MM sections 3, 4 & 5)

(Reminder: Prior Authorization is NOT Required for Medicaid and Medicaid Managed Care plans now- this applies to commercial plans).

This language removes prior authorizations imposed by insurers for outpatient, intensive outpatient, outpatient rehabilitation, and opioid treatment provided by OASAS certified facilities. In addition, there will be no concurrent review for the first two weeks of continuous treatment, not to exceed 14 visits. The facility must notify the insurer at the start of treatment and submit an initial treatment plan within 48 hours. The provider must ensure that the patient is receiving medically necessary treatment per the clinical review tool used by the insurer and designated by OASAS. The insurer can only deny coverage for care during those two weeks if its proven that the treatment wasn't medically necessary, because it was not in line with the clinical review tool.

Children and Recovering Mothers Program (Part MM section 6)

Established by DOH in consultation with OASAS, this program provides guidance, education and assistance to health care providers, hospitals and midwifery birth centers that are treating expectant mothers who have a substance abuse disorder. Under this program health care providers can provide referrals to care, provide information on MAT for pregnant women, and develop a system for consultation and links to care. The legislation also establishes a workgroup of stakeholders to study and assess barriers to identifying and treating expectant mothers with substance use disorders.

Opioid Stewardship Act (surcharge) (Part NN)

This language establishes an Opioid Stewardship Payment and Opioid Stewardship Fund. The payment will be a charge placed on all manufacturers and distributors that sell or distribute opioids in New York. The payment will be based on percentage of the total amount of morphine milligram equivalents (MMEs) sold or distributed in NY by the individual entity making the payment. The first payment into the stewardship fund will be made on January 1, 2019 and then on quarterly basis thereafter. Opioids used at article 32 and article 31 licensed programs are exempted along with methadone, buprenorphine, and morphine. Payers can be fined up to \$1000 a day if they try to pass the payment on to the end user.

The money in the opioid stewardship fund will be used to support OASAS programs, including programs operated by OASAS certified agencies, for opioid treatment, recovery, and prevention services.

The payment is expected to raise \$100 million, however it is **not limited** to OASAS funding and can also be used for general budget purposes.

Aid To Localities S7503-D/A.9503-D

Jail-based SUD Treatment (ATL OASAS p.807)

The budget establishes a SUD treatment and transition program in county jails. OASAS will implement the program in consultation with local government units, sheriffs and other stakeholders. Services will include: alcohol, heroin and opioid withdrawal management; Medication Assisted Treatment; group and individual counseling; clinical support; peer support; discharge planning; and re-entry and transitional supports. The final budget appropriates \$3.75 million for this purpose.