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COALITION OF MEDICATION-ASSISTED TREATMENT PROVIDERS AND ADVOCATES

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**Joint Legislative Budget Hearing**  
**Mental Hygiene**  
**February 4, 2026**  
**Testimony submitted on behalf of COMPA**  
**By Allegra Schorr, President**

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Good morning, Chairs and members of the Legislature.

My name is Allegra Schorr, President of the Coalition of Medication-Assisted Treatment Providers and Advocates — COMPA. We are a statewide association representing Opioid Treatment Programs (OTPs) and other Medication-Assisted Treatment providers serving more than 54,000 New Yorkers. Currently, only thirty-five of sixty-two counties in New York State have an OTP.

Thank you for the opportunity to submit testimony today.

New York remains in the midst of an opioid epidemic. While fatalities have modestly improved, overdose deaths remain unacceptably high, with approximately 6,306 New Yorkers dying in 2024. Overdose death rates among Black and Latino New Yorkers increased by 17 percent and 11 percent. A New York City report found that one person dies every four hours from a drug overdose, with fentanyl continuing to drive overdose deaths. As New York responds to the ongoing overdose crisis and prepares for growing gambling addiction needs, COMPA urges the State to focus on the priorities outlined below.

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**Medicaid Must Be Treated as an Immediate Public Health Priority**

The urgency of Medicaid policy changes cannot be overstated.

Federal Medicaid policy changes begin in January 2027 — and that is within the fiscal year you are currently negotiating. While January 2027 may appear distant, implementation requirements, systems changes, eligibility processes, and workforce preparation must occur throughout 2026.

These federal changes include new work reporting requirements, more frequent eligibility redeterminations, shorter retroactive coverage periods, and additional eligibility restrictions. These policies will significantly increase administrative workload and increase the risk of coverage disruptions if states are not prepared.

Local governments are already overwhelmed. Counties continue managing post-pandemic eligibility redeterminations, workforce shortages, and rising behavioral health needs. Adding new federal eligibility and reporting requirements onto already strained local systems will increase the risk of processing delays, eligibility errors, and coverage loss.

If these responsibilities remain primarily at the local level, New York risks preventable coverage interruptions for people receiving substance use disorder treatment — interruptions that can lead directly to treatment dropout, relapse, and overdose.

For opioid treatment providers, Medicaid is not simply a payer — it is the foundation of the treatment system. Even short gaps in coverage result in missed medication doses and increased overdose risk.

COMPACT urges the State to require that exemption eligibility and renewal determinations for individuals exempt from federal work requirements, including individuals with substance use disorders, be centralized at the state level. State-level administration will ensure uniform application, reduce administrative burden on counties, and protect continuous access to treatment.

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### **Remove Outpatient Behavioral Health From Medicaid Managed Care**

COMPACT urges the Legislature to remove outpatient behavioral health services from Medicaid Managed Care.

The current system creates access barriers through payment delays, claim denials, and excessive administrative requirements. As federal Medicaid changes increase system strain, maintaining this administrative layer will further reduce access to care. Redirecting these dollars back into services and provider rates will strengthen the treatment system before federal changes take effect.

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### **Invest in the Behavioral Health Workforce**

We appreciate the Governor's inclusion of a Targeted Inflationary Increase. However, the proposed 1.7 percent increase does not keep pace with inflation. We urge the Legislature to increase this to 2.7 percent to prevent workforce loss and service reductions.

New York should also establish a loan forgiveness and loan repayment program specific to OASAS-licensed providers and OASAS workforce titles, funded through a portion of unanticipated or excess State gambling revenue.

The addiction treatment workforce has unique credentialing structures and shortages not addressed through existing programs. Reinvesting gambling revenue into loan repayment creates a sustainable workforce pipeline while directly addressing addiction-related harms.

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### **Advance Integrated Care Through Medicaid Rate Reform**

New York must continue advancing integration of mental health and substance use treatment through Medicaid rate reform.

This includes add-on rates for licensed clinicians — specifically Licensed Clinical Social Workers (LCSWs) and Licensed Mental Health Counselors (LMHCs) — who are qualified under New York State law to perform diagnostic and treatment planning services, and establishing rates allowing opioid treatment programs to function as primary care providers.

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### **Prepare for Increased Gambling Disorder Treatment Needs**

As gambling expands statewide, New York must ensure insurance coverage and workforce capacity to meet growing demand for gambling disorder treatment.

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New York continues to lose thousands of residents each year to overdose. If Medicaid coverage becomes unstable, those numbers will rise. Protecting Medicaid coverage, strengthening provider rates, and stabilizing the workforce are overdose prevention strategies.

Thank you for your leadership and for the opportunity to submit testimony. I am happy to answer any questions.

For additional information, please contact:

Allegra Schorr

[aschorr@compa-ny.org](mailto:aschorr@compa-ny.org)