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Joint
Legislative
Budget

COALITION OF MEDICATION-ASSISTED TREATMENT PROVIDERS AND ADVOCATES

**Joint Hearing
Mental Hygiene
February 14, 2022**

**Testimony submitted on behalf of COMPACT
by Allegra Schorr, President**

Thank you for the opportunity to testify today and thank you for your leadership in combating the COVID-19 pandemic and the deadly upsurge in the ongoing fentanyl and opioid epidemic. As you are aware, overdoses have increased drastically across the state.

The year 2020 saw the highest number of overdose deaths on record. According to the [Centers for Disease Control and Prevention](#), more than **100,000** people died of drug **overdoses** in the United States during the 12-month period ending April 2021. The provisional data for New York City predicts a 37.8% increase in 12-months for drug overdose deaths, a number which is sadly underreported as more deaths have yet to be counted. The isolation and despair of the COVID-19 pandemic likely contributed to this tragic reality. It is crucial to recognize that overdose deaths for black Americans exceeded the rate of white Americans, as we know that deaths from COVID-19 were disproportionately higher in communities with larger black populations.

Opioid Treatment Programs (OTPs) are on the frontlines of fighting the overdose epidemic. There are 106 OTP programs in New York serving over 43,000 New Yorkers or one-third of the people in the NYS OASAS system. These essential providers assist those struggling with opioid dependence through Medication Assisted Treatment (MAT), which combines individually tailored behavioral therapy with clinically effective medications.

However, programs 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 plans to increase access can be implemented without destabilizing existing 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, incentive reimbursement, and provide funding that increases access to Medication Assisted Treatment and remove barriers that impede that access.

To ensure that all New Yorkers can access care, New York must focus its response in the areas outlined below.

Invest in workforce: A \$500 million investment to support retention and recruitment initiatives is needed which includes a Medicaid rate increase to support the behavioral health workforce, and broad-based initiatives such as loan forgiveness, internship stipends, fellowships in addiction medicine, and enacting a 5.4% CPI in the COLA.

Prevent OTP closures due to OMIG audits: S.4486-A (Harckham)/A.7889 (Gottfried). This issue threatens to destabilize the entire OTP system. Routine compliance audits of OTPs conducted by the Office of the Medicaid Inspector General (OMIG) are resulting in vastly disproportional disallowances that have resulted in the loss of treatment slots and will continue to do so if changes to the audit process aren't made. Due to the number of medication visits in OTP treatment, the extrapolation methodology utilized by the OMIG results in exorbitant disallowances such that an audit with a *total finding* of \$407 in claims resulted in a disallowance of over \$7 million, with the loss of one program location and disruption of services to 1500 patients.

Expanding Access to Methadone Treatment

Develop mobile Methadone units/satellite clinics: COMPA supports the development of mobile methadone vans, recently approved by the DEA, as well as increased access to methadone treatment through use of medication satellite locations. *It is important to utilize these new methods in collaboration with existing OTPs when implementing MAT in New York's correctional facilities and to expand access to treatment in many areas of the state.*

Expand the Methadone delivery system: COMPA supports the continuation of the methadone delivery system in NYC and the development of a system throughout New York State to support access to methadone treatment to those who are physically unable to pick-up medication (such as patients in *nursing homes*).

Support combined Part 822 OASAS outpatient license with reimbursement: COMPA supports the combined Part 822 OASAS license. Formerly, two separate licenses would be required by a single organization to operate an outpatient OTP and an outpatient SUD (OASAS Chemical Dependence) program. Combining this license enables OASAS licensed outpatient SUD providers to directly apply for federal OTP licensure which **will increase capacity and access**; and allow OTP programs to provide comprehensive outpatient care including to significant others and families.

A major barrier to this expansion is the disparity in reimbursement rates between the SUD outpatient programs and OTPs. OASAS SUD programs are paid at higher reimbursement rate than OTP providers for the identical treatment service.

The portion of the APG calculator below compares reimbursement for identical services in downstate free-standing SUD outpatient clinics and downstate free-standing OTPs. Clearly there is little incentive for SUD outpatient clinics to utilize their treatment staff to provide methadone for patients. Furthermore, there is no clinical basis for a higher reimbursement for patients with a diagnosis of alcohol use disorder than for opioid use disorder in outpatient treatment. The current reimbursement structure suggests bias and stigma and creates a barrier to accessing MAT.

OASAS 822 Downstate Clinic Rates

HCPCS/CPT Code	OASAS Service Category	Estimated Reimbursement Amount
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G0396/90832	Individual Therapy - Brief	\$109.00
G0397/90834	Individual Therapy - Normative	\$145.34
H0004	Brief Treatment	\$49.23
H0005 / 90853	Group Therapy	\$56.33

99201-99205 99212-99215	Med Mgt & Monit-Routine/Complex - Opioid use disorder	\$122.00
99201-99205 99212-99215	Med Mgt & Monit-Routine/Complex - Cocaine use disorder	\$140.11
99201-99205 99212-99215	Med Mgt & Monit-Routine/Complex - Alcohol use disorder	\$145.41

OASAS 822 Downstate OTP Rates

HCPCS/CPT Code

G0396/90832	Individual Therapy - Brief	\$100.43
G0397/90834	Individual Therapy - Normative	\$133.91
H0004	Brief Treatment	\$45.36
H0005 / 90853	Group Therapy	\$51.90

99201- 99205 99212- 99215	Med Mgt & Monit-Routine/Complex - Opioid use disorder	\$112.40
99201- 99205 99212- 99215	Med Mgt & Monit-Routine/Complex - Cocaine use disorder	\$129.08
99201- 99205 99212- 99215	Med Mgt & Monit-Routine/Complex - Alcohol use disorder	\$133.97

Promulgate a toxicology add-on test code for Fentanyl for OTPs: Toxicology testing in OTPs is included in the overall OTP reimbursement rate, which ensures cost-effective utilization of testing. However, testing for fentanyl is far more expensive than for other drugs on a toxicology test panel (such as cocaine, amphetamines, etc.) due to the complexity and costs of testing for fentanyl. Testing for fentanyl is cost-prohibitive in the current OTP reimbursement structure. Where OTPs have performed random fentanyl testing, they report a high prevalence of fentanyl among OTP patients. It is imperative that this is rectified quickly to ensure that patients receive appropriate care.

Integrated Services

- **Passage of comprehensive outpatient services:** COMPA supports A.8099 (Jackson)/S.6311 (Harckham), which authorizes DOH, OASAS, and OMH to jointly establish a single set of licensing standards and requirements for the construction, operation, reporting and surveillance of 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.
- **Passage of**
- **Provide a rate on par with primary care visits for Hepatitis C (HCV) treatment in OTPs:** There have been enormous advances in the treatment of HCV disease and OTPs are uniquely positioned to identify and treat the over 80% of their patients who are impacted by this disease (The Addiction Technology Transfer Center Network Coordinating Office, 2020). HCV treatment requires medical staff time to ensure adherence and the current reimbursement for physical health visits in OTPs is substantially lower than an office visit for a single primary care clinic. COMPA supports eliminating barriers to eradicating HCV disease by adjusting the reimbursement to a sustainable rate.

Respond to community complaints of active drug use: Many neighborhoods are seeing an increase in homelessness, active drug use, and crime on their streets in the wake of COVID. There are frequent calls for an increase in policing, although the more effective response is to increase outreach, treatment, and social services. Years of studies prove the dictum, “we can’t arrest ourselves out of the opioid crisis” (Chandler et al., 2009; Pew Charitable Trust, 2018). COMPA supports alternatives to law enforcement. We also note the importance of realigning criminal justice treatment mandates to new, harm-reduction, social service and healthcare collaborations. Addiction treatment is frequently mandated and/or supervised by drug courts, and probation/parole. *Many OASAS providers receive and depend on patient referrals from the criminal justice system.* It is necessary to develop and provide alternative referral sources, such as the MATTERS Program so that OASAS providers are less dependent on referrals from criminal justice.

Notably, due to the unfounded stigma surrounding methadone treatment, opioid treatment programs (OTPs) have struggled to gain acceptance from the criminal justice system, and patients often “self-refer” for treatment. A stronger referral network for the gold standard of OUD treatment is also needed to better connect patients to MAT.

- **Overdose prevention sites:** Safer Consumption Services Act [S603/A224](#) (Rivera/Rosenthal) COMPA supports this legislation as an important part of harm reduction efforts.
- **Establish outreach teams:** to liaison among harm-reduction, mental health, MAT, and housing providers.
- **MAT in correctional facilities:** Ensure that all Alternative to Incarceration Programs utilize referrals to MAT.

Ensure access under New York's Essential plan and Child Health Plus: Both plans cover OTP services, but there is no mechanism for billing. This makes it impossible for OTPs to provide services to people and young adults under these plans. These patients deserve the same access as everyone else to MAT and OTP services and this should be corrected in the upcoming state budget.

Ensure network adequacy and access to treatment in commercial networks: To ensure that all OTPs and DATA 2000 providers can participate in a Managed Care networks include an “**any willing provider clause**” for all commercial insurance plans.