



Opportunities for State Regulators to Shape Policy and Regulation of Treatment for Substance Abuse

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TOPIC EXPERTS



Boyd Brown, JD
Associate Principal, HMA
Minneapolis

Seasoned policy and operational leader in behavioral health and human service operations including budget development and revenue cycle management, accreditation and licensure oversight, performance measurement and improvement, and policy and operational strategy.



Mark Richman, Ph.D.
Principal, HMA
Philadelphia

A licensed and practicing psychologist for more than 30 years, Marc Richman is a strong clinical, systems and policy leader who believes merging his clinical and policy knowledge have made him stronger in both areas.



Allegra Schorr, MS
President, COMPA
New York

President of the Coalition of Medication-Assisted Treatment Providers and Advocates (COMPA). COMPA represents New York State's Opioid Treatment Programs (OTPs), as well as providers offering office-based medication-assisted treatment, currently providing addiction treatment to over 43,000 New Yorkers.



TODAY'S AGENDA & LEARNING OBJECTIVES

- **Learning how states impact patient access and patient experience through regulation.**
- **Identifying opportunities to align incentives and evolve integrated approaches to care.**
- **Q&A**

OPIOID TREATMENT PROGRAM: HOW STATE REGULATIONS IMPACT ACCESS TO CARE (AS OF JUNE 1, 2021)



<https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2022/state-opioid-treatment-program-regulations-put-evidence-based-care-out-of-reach-for-many>

Medication Units not Authorized

- 20 States

Require OTPs to Obtain Pharmacy License or Registration

- 16 States

Apply Pharmacy Regulations to OTPs

- 5 States

Require Pharmacist Services in OTPs

- 15 States

State Zoning Restrictions

- 7 States

Requiring Operating Hours After Regular Business Hours

- 9 States

Require Government ID to Access OTP Treatment

- 8 States

Take-Home Medication Prohibitions

- 3 States within First 30 days
- 7 States within First 90 days

OPIOID TREATMENT PROGRAM: HOW STATE REGULATIONS IMPACT PATIENT EXPERIENCE (AS OF JUNE 1, 2021)

10

State Stability Requirements for Take-Home Medication

23

State Sets Counseling Schedule, Rather than Individualized Treatment

47

Terminate Care Due to Continued Drug Use

3

Restrict or Discourage High Maintenance Doses

26

Require More Drug Screenings Than Federally Mandated

10

Require Observed Urine Collection

8

Encourage Discontinuation of Treatment as a Goal

17

Affirmatively Allowing Guest Dosing

OPIOID TREATMENT PROGRAM: METHADONE TAKE-HOME FLEXIBILITIES EXTENSION – STATE LIMITATIONS

Revised Guidance

- **April 2023, SAMSHA published revised guidance on Take-Home Flexibilities for Methadone extending flexibilities established during COVID PHE.**

Extending Access

- **Extension will remain in effect one-year post-COVID PHE.**

Exemptions

- **Guidance offers an exemption from unsupervised take-home medication requirements allowing unsupervised take-home dose based on number of days in treatment.**

State Agreement

- **States must concur with this extension for the exemption to take effect. At least 8 states have not concurred with this exemption.**

OPIOID TREATMENT PROGRAM: TELEMEDICINE FLEXIBILITIES EXTENSION – STATE LIMITATIONS

Revised Guidance

• **May 11, 2023 DEA and SAMSHA issued the “Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications – a temporary rule that extends telemedicine flexibilities adopted during the COVID-19.**

Extending Access

• **The full set of telemedicine flexibilities extended through December 31, 2024.**

State Agreement

• **States must concur with this extension for the exemption to take effect. At least 7 states have not concurred with this exemption.**

Proposed Rulemaking

• **On March 1, 2023, DEA and HHS issued notices of proposed rulemakings (NPRM) to allow for prescribing of certain controlled medications via telemedicine without an in-person medical evaluation of the patient under circumstances that are consistent with public health, safety and effective controls against diversion.**



NEW OPPORTUNITIES

- Mobile Medication Units – OTPs
- Medication Units – OTPs
- Telehealth
- MAT in correctional facilities
- Integration of Harm Reduction Services
- Comprehensive Integrated Outpatient Treatment of OTPs and Outpatient Programs – NYS

WHAT IS COMPREHENSIVE INTEGRATED TREATMENT?

All services are available in one location

Integrated groups

Integrated caseloads

Single point of access intake and admissions process

MAT services available to all patients

No duplicate documentation is required

Shared staffing

Combined regulation for opioid treatment programs and outpatient treatment programs

BARRIERS & MISSED OPPORTUNITIES

Engagement

NIMBY and lack of community engagement.

Gaps

Addressing treatment gaps.

Access

Reimbursement impacts access and disincentivizes provider.

OTP MEDICARE BUNDLED REIMBURSEMENT



Weekly Bundle

Adopted a coding structure for OUD treatment services that include the non-drug services and varies by the medication administered.

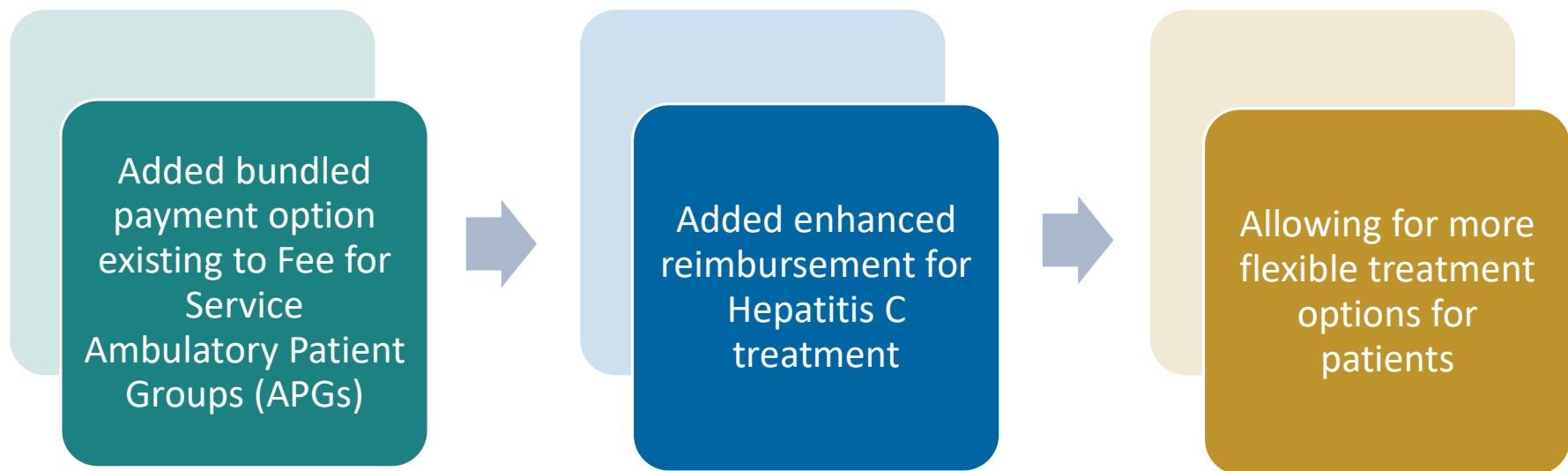


CMS Regional Adjustments

Adjustments made to non-drug component of weekly bundle and add-on payments.

Visit [CMS Billing & Payment page](#) for coding information

NYS MEDICAID – APG OR BUNDLED BILLING



Visit the [OASAS Reimbursement](#) page for more information.

KEY TAKEAWAYS



The state has an opportunity to lower obstacles for access to care, including treatment.



Opportunity to expand comprehensive treatment and evaluate the impact of integrated care.



Opportunity to improve alignment of incentives across all agencies.

HMA

WHAT CAN WE DO FOR YOU?

Our depth and breadth of experience has helped an incredibly diverse range of healthcare industry leaders.

Questions?



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