

Legislative and Policy Agenda 2016

Focus: Opioid Epidemic

The most effective legislation and measures required to combat the deadly opioid epidemic in New York State will **reduce prescription pain medication and heroin overdose deaths, promote the appropriate and effective prescribing of pain medications, and improve access to medication-assisted treatment.** These three goals are the subject of the Presidential Memorandum of October 21, 2015 released from the White House (<https://www.whitehouse.gov/the-press-office/2015/10/21/presidential-memorandum-addressing-prescription-drug-abuse-and-heroin>). Daily news reports remind us that our entire county is facing this crisis, and while New York is truly a national leader, we are not alone in seeking effective solutions.

- **Reducing Prescription Pain Medication and Heroin Overdose Deaths**

COMPA believes that preventing overdose deaths is inextricably linked to preventing relapse. These measures should work together to maximize their impact:

1. Naloxone Kits should be labeled with the Treatment HOPELINE information. TEXT: HOPENY (1-877-8-HOPENY or visit oasas.ny.gov/accesshelp)
2. Contacts made to HOPELINE must be followed up with **education on MAT** and referrals to MAT treatment.
3. Individuals who are seen in Emergency Departments for opioid-related overdose must **receive MAT education** as part of discharge planning with referral to treatment. Discharge plan must include a follow-up by care coordinator.
4. There is an urgent need to create and promote a convenient network of drop-off sites for used prescription medications throughout the State. COMPA recommends that large retail pharmacies doing business in NY be required to become authorized DEA collector sites. http://www.deadiversion.usdoj.gov/drug_disposal/fact_sheets/disposal_registrant.pdf Clearly display signs at pharmacies, on NYS websites and on prescription pain medication packaging where and how unused medicine can be disposed of safely.
5. **COMPA** believes that Medicaid MCOs and commercial insurers should be required to cover abuse deterrent opioid drug products, and these products should be listed on the formulary *on the same level* as non-abuse deterrent opioid drugs to ensure timely access to them.

- **Improving Access to Medication-Assisted Treatment and Modernizing Benefit Design**

These items address the need to increase education, awareness and access to treatment, and decrease stigma associated with addiction and MAT.

- Commercial insurers must provide coverage for MAT, MAT in Opioid Treatment Programs and methadone maintenance treatment. Opioid Dependence is a chronic, relapsing disorder. Studies show that patients discontinuing from medication have high rates of relapse and ongoing MAT may be the safest and best course for most patients. Insurance carriers must provide coverage for all three federally approved medications.
 1. **No prior authorization for the pharmacy benefit** for federally approved medications used to treat opioid dependence beyond FDA label use. This particularly impacts refills for buprenorphine prescriptions. Currently, authorizations of up to 48 hours can potentially cause patients to relapse and the red-tape discourages physicians from providing much needed care in this epidemic.
 2. **No prior authorization for admission to outpatient MAT** treatment (including Opioid Treatment Program, Data 2000) practices, and physicians using Vivitrol) for commercial, Medicare, and Medicaid plans
 3. In order to support expansion of new MAT services, provide one-time NYS funding for community projects (with a portion to be allocated to prevention and education regarding MAT) to communities that support, approve required zoning, and otherwise expedite the provision and establishment of newly licensed Opioid Treatment Programs.
 4. Offer qualified physicians who **complete** DATA 2000 waiver courses, a **one-time** reduction of NYS licensing/registration physician fees.
 5. The lack of familiarity with MAT and the related stigma that exists among treatment professionals is a significant barrier to fighting the opioid epidemic. COMPA strongly recommends **a mandatory one-time Continuing Education course requirement** on MAT for **Certified Alcohol and Substance Abuse Counselors (CASACs)** and any **qualified health professional (QHP)** who provides treatment or counseling services working in a licensed SUD facility, hospital, school, or DATA 2000 practice in NYS.
 6. **COMPA advocates a mandatory reimbursement of no less than the APG Facility primary care rate for freestanding primary care Article 28 Diagnostic and Treatment Centers that are also licensed OTPs.** A fiscally sound and sustainable reimbursement rate is needed to support the delivery of integrated behavioral health and primary care, a major initiative in transforming healthcare and a key factor in meeting the DSRIP goals of reducing avoidable hospitalization. There is a published Facility APG rate for Primary Care services for Freestanding Article 28 Diagnostic and Treatment Centers. While a few Managed Care Organizations are reimbursing for primary care services provided by Article 28 D and TCs at this rate, many are not.

- **Promote the Appropriate Prescribing of Pain Medications**

1. To encourage training and continuing education, waive NYS licensing/registration fees for the year that the CME credits are earned in: Addiction Medicine or MAT training.
2. Physicians who are discontinuing treatment of pain medication for patients due to suspicion of abuse must make and document a referral to treatment.

- **Involuntary Admission Procedures**

COMPA strongly opposes involuntary inpatient admission procedures, particularly for opioid addiction.

The desire to keep someone from hurting themselves, by involuntarily admitting them to an inpatient treatment facility, is understandable, but not ultimately, not effective. In the case of opioid dependence, it may have unintended consequences of increasing overdoses, and even deaths. Individuals who do not want treatment and are held involuntarily for up to 72 hours go into withdrawal. When they are released, they are at increased risk of overdose.

COMPA recognizes that there may be instances when a patient may be an extreme risk to themselves or others. In these cases, the need for two physicians to exam and sign off is an essential component in evaluation. COMPA also recommends that the NYS model of Kendra's Law, or assisted outpatient treatment (although used for mental health) has proven to be good use of resources, least disruptive to patients and families, and successful outcomes which include significant reduction in the use of drugs and alcohol.

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