



**Testimony of the New York Health Plan Association
to the**

**New York State Senate Joint Senate Task Force on Opioids, Addiction & Overdose
Prevention**

October 20, 2021

Introduction

The New York Health Plan Association (HPA) comprises 28 health plans that provide comprehensive health care services to more than eight million fully insured New Yorkers. We believe that every New Yorker deserves coverage for high-quality, affordable health care, and our member health plans are committed to continuing to work with state lawmakers, policymakers, and others to ensure and preserve affordability of health care. We appreciate the opportunity to offer testimony on the impact of the COVID-19 pandemic on the opioid crisis.

On behalf of HPA, we thank you for your strong leadership and commitment to ending the opioid addiction crisis. Our members share your concerns and are committed to working collaboratively in combatting the epidemic, taking a multi-pronged approach that treats addiction as a chronic illness and promotes prevention, evidence-based treatment, and education. We have testified before this committee in the past regarding efforts health plans regularly engage in to work hand in hand with the state to tackle these challenges. Today, we would like to focus on efforts plans took to ensure continued access to substance use disorder treatment services during the COVID-19 pandemic, and lessons learned for moving forward.

From the beginning of the opioid crisis, plans have worked to cover evidence-based treatment - both medication to treat addiction (Medication Assisted Treatment or MAT) and inpatient and outpatient treatment services - and have worked diligently to reduce barriers to appropriate treatment. Additionally, our member health plans have implemented a variety of care management and intensive case management programs targeting members with behavioral health and substance abuse needs. These programs are designed to increase engagement in and adherence to treatment, aftercare and

alternative levels of care to prevent unnecessary readmissions or relapses. The programs focus on creating individualized service plans that:

- Provide assistance with attendance at mental health, substance abuse and medical appointments;
- Support adherence to the member's treatment plan;
- Build and support links to peers and natural supports;
- Assist with obtaining benefits, housing, and community services;
- Provide education and assistance with skill building, recovery and rehabilitation;
- Develop crisis prevention plans; and
- Promote wellness and recovery.

The COVID-19 pandemic illuminated the essential nature of these programs and services to members with opioid use challenges, and plans made every effort to continue to provide coordinated services, while trying to address the disruptions caused by the pandemic.

Health Plan Efforts to Address Opioid Epidemic Challenges during COVID-19

It is clear that COVID-19 exacerbated the opioid epidemic. The pandemic disrupted treatment and recovery services, limited access to mental health services and peer support, and disrupted routines, often resulting in loss of work and higher stress, all of which could lead to increased opioid use and risk of relapse for those in recovery. Risk factors also include economic and housing instability, food insecurity, and involvement with the justice system.

Throughout this public health crisis, our members have worked extremely hard with the state and our partners in the provider community to ensure that patients have access to the care they've needed and help employers struggling with the economic

impact of this pandemic. This has included: waiving cost sharing for COVID testing, telehealth and COVID vaccines; providing advances to hospitals and other providers in the delivery system due to the financial uncertainty the pandemic caused; extending grace periods to individuals and small businesses struggling with the pandemic's economic impact; and providing tens of millions of dollars in funding to nonprofits and human service organizations to support a range of community needs.

Plans recognized early in the pandemic that COVID-19 would impact members' access to care and providers' ability to deliver it, including – critically – the substance use disorder delivery system. Below, we outline plans' experience and recommendations.

Telehealth

Plans had been working to offer telehealth services before the pandemic, with limited uptake from many providers. During COVID-19, plans have been able to pivot quickly to offer telehealth services to help members maintain access to care – a critical component of recovery for those with opioid use disorder. Plans saw substantial increases in telehealth utilization during the pandemic, including for substance use treatment and behavioral health. Also, since the Federal government waived the requirement for an in-person visit to initiate medication assisted treatment (MAT), plans and providers were able to move quickly to get a member on MAT via telehealth. However, while out-of-state licensed providers were able to participate in telehealth in New York, they were not allowed to prescribe MAT for New York residents, which plans found to be a barrier to care.

While telehealth provided a critical tool to maintain access to care during the pandemic, the high level of engagement required in ongoing treatment for substance use disorder does not always work most effectively with telehealth. Plans believe that telehealth can

and should be part of the effective, high-quality delivery of care, but that the discussion going forward should focus more on how to incorporate the telehealth modality into quality of care, outcome measures and value based arrangements – and less on volume based payment arrangements that are not in the best interest of the member and do not make progress toward better coordination of overall treatment.

We applaud the State's efforts to address telehealth access issues - including priorities outlined in the 1115 Medicaid Waiver Conceptual Framework issued by the Department of Health in August - as access remains a challenge for some seniors, rural residents and historically underinvested and underrepresented communities.

As we move forward, there will also have to be assurance that providers are using HIPAA compliant technology for telehealth, to protect patient privacy.

Outreach and Coordination Efforts

The waiver of prior authorization and utilization management during the State public health emergency (PHE) often inhibited plans' ability to appropriately connect members to and coordinate care for opioid use disorder. Without those tools, and with limited availability of in-person treatment settings, plans expanded outreach to providers and members in an effort to connect them to appropriate telehealth services, crisis stabilization and, for the most vulnerable, to try to connect them to services to address economic, housing and food insecurity. Plans worked to contact high-risk members to conduct "wellness checks" and determine needs – for both substance use disorder treatment, as well as for any behavioral and physical health issues.

Plans' use of prior authorization and utilization management helps to ensure that care is appropriate by working with providers to coordinate care across the spectrum to meet the needs of individuals struggling with a substance use disorder. It is also vital in efforts to promote and achieve equity in health by ensuring that care for all

individuals aligns with best practices and nationally accepted guidelines. For these reasons, we oppose efforts to limit or eliminate these tools. In addition, the expanded ability of plans to use mail order pharmacy services enabled members to continue to safely receive their MAT medications while minimizing their exposure to COVID-19, and we oppose efforts to limit the use of mail order pharmacy.

Recommendations

The New York Health Plan Association recognizes important lessons learned throughout the height of battling the COVID-19 pandemic, and we recommend that the approach to the opioid epidemic focus on measures that (1) support prevention, (2) ensure that treatment is based on evidence based guidelines, (3) promote measurement of outcomes to determine whether guidelines are being followed and care is effective, (4) that individuals have access to the full spectrum of services and understand the options available to them, and (5) remove licensure restrictions to broader access to telehealth services.

Focus on Prevention

It is most critical for the state to focus on prevention and the quality of the care being provided. The state should support health plans' efforts around dosage limits for opioid prescribing, including allowing for prior authorization to ensure that there is an opportunity to discuss each case with the prescribing provider to weigh the benefits and risks.

Regarding the state's Prescription Management Program (PMP), or iSTOP:

- Health plans must have access to iSTOP – for plans to be able to have a complete picture of prescribed controlled medications they must have access to iSTOP; otherwise, they are unable to help reduce co-prescribing of opioids (two or more

opioids from multiple providers) and intervene where there are potentially dangerous prescriptions of both an opioid and benzodiazepine, in real time by denying the prescription before a potential overdose occurs.

Support Evidence Based Practice

- Given our dedication to providing the best care for our members, we are committed to ensuring that evidence based treatment options are available. At the same time, we want to ensure that as our members access care within the system, they are supported with treatment options that have the greatest likelihood of success that meet their individual needs, and that they have clear treatment plans in place and a path towards recovery.
- Prohibitions on prior authorization and other measures that restrict the ability of health plans to ensure that care is delivered in the most appropriate setting, and to conduct care management supports that help members navigate the system, help with follow-up care and other services that help the member succeed in recovery. Given these restrictions on health plans, it is critically important that providers recommend a level of service that aligns with nationally-recognized, evidence-based standards that have been shown to be effective for the treatment of opioid addiction. Unfortunately, not all services are offered in all settings of care or are available at the time an individual needs such access. In order for opioid addiction treatment to be tailored at the individual level, all patients must have access to the full range of services.
- To ensure access to evidence-based care, providers licensed to treat opioid addiction must be required to provide access to all forms of MAT. Providers that do not offer the full range of MAT should be required to coordinate access to such care with other facilities and should be required to inform patients and families

about the availability of services and the extent to which facilities and programs are offering the full spectrum of services along the continuum of care.

Improve Measurement of Treatment Outcomes

While the state is currently working on the development and implementation of a rating system for addiction treatment programs, it will be critical that any final measures are meaningful, promote the use of evidence-based practices, and should be publicly reportable to help patients and their families understand the options available at each provider.

The state should institute measures to enhance provider accountability. Approaches should include requiring treatment programs at all levels (inpatient and outpatient) to collect and report comprehensive quality assessment data, including treatment type, level of care, how individuals transition from one level to the next, and outcomes so that the state can measure the system's success in treating opioid addiction and whether providers are reducing repeat detox and rehab visits. Providers should submit data specific to opioid addiction to the state on an annual basis for review of services provided and treatment outcomes. Further, OASAS should be directed to develop measures to track individuals through the treatment system.

Improving Access to Services

We likewise offer the following recommendations related to improve access to treatment options:

- Require all OASAS licensed/certified providers in New York State to use LOCADTR.
- Make information publicly available regarding whether a provider includes MAT as part of their treatment protocol.

Remove Licensure Restrictions on Telehealth

While health plans have taken steps to increase access to virtual care through telehealth and other innovative technologies that support remote care, state restrictions limit the ability to unlock the full potential of this important technology. One approach would be to allow for multi-state licensure for telehealth services. Currently, to be eligible to practice in multiple states, a provider must have a license in each state, either through a reciprocal agreement with another state licensing body or by independently being licensed in other states. Efforts should be undertaken to amend the education law and the public health law to create an interstate licensure program with contiguous states and states in the Northeast region to support telehealth access for specialties with historical provider access issues. By allowing for an expedited pathway to licensure for those who wish to practice across multiple state, this would serve as an important step to improve access to care for all patients regardless of where they live.

Conclusion

HPA and its member plans recognize the impact opioid addiction is having on New Yorkers, their families and their communities, and are committed to applying the lessons of the COVID-19 pandemic to improving care and ensuring that all residents who need substance abuse treatment understand the options available to them and are able to get the care they need.