

## Lou Mansolillo

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**From:** Linda Hurley <lhurley@codacinc.org>  
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**To:** House Corporations Committee  
**Subject:** Testimony for 4.11.2024

House Committee on Corporations Hearing 04-11-2024.

Testimony on Behavioral Health Medicaid Rates: Opioid Treatment Programs

Supporting Governor McKee's proposed budget increases for Medicaid rates

Supporting Deputy Speaker Ray Hulls House Bill No. 8056

Request supporting the Governors proposed budget increases for Medicaid rates:

1. Maintain the increase as recommended by the Office of the Health Care Commissioner (OHIC) for behavioral healthcare Medicaid rates. (Page 222 of the governor's proposed budget.)
2. Allow for Opioid Treatment Program (OTP) rates to be implemented in 1 year vs the suggested 3 years- as has been suggested for other entities, *ie. Early Intervention*. (Pages 222 and 223 of the governors proposed budget.)
3. If cuts are indicated in this budget, do not cut the OHIC recommended rate increase for Opioid Treatment Programs. This request is based on the length of time it has been since any significant increase has been allocated. Opioid Treatment Programs have not received an increase or any significant increase in Medicaid rates in 14 to 17.5 to 20 years.

Request supporting Deputy Speaker Hulls House Bill No. 8056

1. The intent of his bill is to set a rate floor of no less than the State set rate for Medicaid for ANY third-party payer. This includes **all** payers: commercial, Managed Care Organizations (MCO), and other private and /or public payers.
2. As the Governor's budget recommends, currently only the office of Medicaid is required to comply with the rate increases. At Codac that means that services for only the 12% of those who are managed directly through the Medicaid office, will be increased according to the Governors recommendation. The services for the other 88%, who are managed by MCO's will not be required to reflect these recommended increases. This will not suffice for sustainability.

Rationale:

- No significant decrease in opioid overdose deaths in RI. RI death rate has essentially plateaued. It has been postulated that a 7% decrease can be expected. This is unacceptable.
- **RI has the 11th highest death rate per capita for opioid overdose of all US states (CDC 2023) and the 4rth lowest Medicaid rate of those states providing Medicaid assistance.**
- Outpatient Treatment utilizing medication is the **ONLY** longitudinally, evidence-based intervention.
- The chronically substandard reimbursement rates have resulted in an exacerbated work force crisis in the provision of Opioid Use Disorder Treatment. This most commonly utilized service in an OTP is compensated in RI at \$88 per week. The exact same service is compensated in

Massachusetts at over \$200. We lose all levels of staff to our neighboring state daily. This increases onboarding, training, supervision and human services costs while decreasing competence and enhancements of offerings.

Respectfully submitted:

Linda Hurley, CEO, Codac Inc.

Chair of the Opioid Treatment Association of RI.



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