



House Finance Committee Hearing 04-24-2024

Written Testimony on Governor's Requested Budget Amendments - # 8 and # 10

Request:

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 4 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 20.5 years.

Rationale:

- I know that I don't need to tell you that the budget is not legislative policy. Therefore, the Governors suggestion for review is just that – a suggestion. Opioid treatment providers cannot continue to provide this truly lifesaving service in the middle of a continued opioid overdose death epidemic without the OHIC recommended rate increase. I find it difficult to even provide this rationale. You all know that no business can continue to provide a product or service without rate increases commensurate to cost of living.
- 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 4th 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. The 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.

Confounding and Compounding Issue:

- Of utmost importance concurrent to the rate discussions is the facilitation and distribution of RI Opioid Settlement Funds. The RI Opioid Settlement Advisory Committee (OSAC) has provided NO opportunity for facility expansion for the evidence-based, out-patient treatment for those who



continue to use drugs. Though early intervention and residential treatment are a vital part of the treatment continuum, OTP is again the only evidence-based modality. BUT no adequate funding has been allocated by OSAC for this modality. Residential treatment is NOT effective, evidence - based care for opioid treatment. Shelter and housing are a critical piece for healing and recovery for all diseases. Stabilization "beds" are important to engage in care. None of those shelter options, however, replace treatment. As of 3 months ago, well over 30 million dollars had been disseminated, allocated or otherwise dedicated by EOHHS staff. 1.5 million dollars was all that was given for treatment and that was for residential treatment. Massachusetts, Connecticut, and New York States have allocated the majority of their settlement funds to the expansion of treatment and recovery including outpatient and recovery services. In Rhode Island, no settlement dollars were allowed for physical plant expansion to allow OTPs to expand or to enhance capacity for the only intervention, treatment, that has been proven to decrease overdose deaths and enhance recovery. I am happy to provide 50 years of research references.

- These references are from the CDC, NIH, NIDA, SAMHSA as well as hundreds of journal articles. I will provide some of these at your request. 2 months ago, during the Opioid Settlement Advisory Committee (OSAC) meeting it was agreed upon by all members that brick-and- mortar expansion would be funded for outpatient opioid treatment. The next 3 categories issued for funding did not include this agreed upon critical need. It is often reiterated that OSAC committee members are advising not defining. Exactly who or what positions at EOHHS make these decisions is not publicly available. Many have asked. PLEASE Oversight of the EOHHS administration of the opioid settlement dollars is desperately needed and absolutely requires a legislative fix.

Respectfully submitted:

Linda Hurley, President and CEO, Codac Inc.

Chair of the Opioid Treatment Association of RI.