

GOVERNOR'S PROGRAM BILL

2016

MEMORANDUM

AN ACT to amend the insurance law and the public health law, in relation to utilization review program standards (Part A); to amend the insurance law, in relation to providing coverage for immediate access to a five day emergency supply of certain medication; and to amend the social services law and the public health law, in relation to prohibiting prior authorization for a prescription for buprenorphine or injectable naltrexone for opioid addiction detoxification or maintenance treatment (Part B); to amend the mental hygiene law, in relation to the heroin and opioid addiction wraparound services demonstration program; and to amend chapter 32 of the laws of 2014, amending the mental hygiene law relating to the heroin and opioid addiction wraparound services demonstration program, in relation to the effectiveness thereof (Part C); and to amend the mental hygiene law, in relation to emergency services for persons intoxicated, impaired, or incapacitated by alcohol and/or substances (Part D)

Purpose of the Bill:

The purpose of this bill is to provide treatment and recovery services to individuals who are addicted to heroin and other opioids.

Summary of Provisions:

Part A

Sections 1 and 2 of the bill would amend Ins. L. § 4902(9), and Pub. Health L. § 4902(1), respectively. Both sections would require insurers to use an objective diagnostic tool approved by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) and consistent with the treatment service levels within the OASAS system. Further, any approved tool must have an inter-rater reliability study completed before December 31, 2016.

Section 3 of the bill would require that insurance companies have until December 31, 2016 to ensure their review tools comply with OASAS standards.

Section 4 would make the bill effective immediately.

Part B

In order to eliminate barriers to medications to treat substance use disorder, sections 1-3 of the bill would amend various provisions of the Ins. L. to require that insurance companies provide at least five days of coverage, without prior authorization, for medications necessary for the treatment of a substance use disorder. Insurance companies would also be required to provide coverage for the prescription of medications to reverse overdoses called opioid antagonists to any person (e.g. parent, guardian, sibling) under the same policy as the treated addicted individual. This section also provides that copayments shall be proportional to the amount of medication received by the patient.

Sections 4 and 5 of the bill would amend the Social Services Law and the Pub. Health L. to provide coverage, without prior authorization, for access to buprenorphine or injectable naltrexone.

Section 6 of the bill would provide the manner in which all of these sections shall take effect.

Part C

Section 1 of the bill would amend Mental Hygiene L. (MHL) § 19.18-a to require the OASAS commissioner to evaluate the wraparound services demonstration program and issue a report to the Legislature by June 30, 2018.

Section 2 of the bill would amend chapter 32 of the laws of 2014 to extend the wraparound services demonstration program for individuals in treatment until March 31, 2019.

Section 3 of the bill would make it effective immediately.

Part D

Section 1 of the bill would amend MHL § 22.09 to extend the period individuals may be held at treatment facilities for drug treatment from 48 to 72 hours. During such time, patients must be reevaluated regularly. Under the bill, patients must also be given a discharge plan upon their discharge from the facility in order to ensure a continuum of care, including information on how to access additional treatment services.

Section 2 of the bill would make it effective on the 90th day after enactment.

Statement in Support:

This bill would enact a number of initiatives to address the State's current heroin and opioid crisis, including expanding insurance coverage for addiction treatment and enhancing treatment options.

Part A

Insurance companies utilize different rubrics—or criteria—to determine the appropriate duration and scope of coverage for inpatient residential treatment for substance use disorder, which have often served as a barrier to needed inpatient treatment.

To ensure consistent and fair insurance coverage determinations, insurance companies must be required to utilize objective, State-approved criteria when determining what level of care is required for a patient. Using a single set of rules will improve access to care and decrease administrative burden for providers, insurers, and clients.

Part B

Medications such as buprenorphine and injectable naltrexone are used to treat heroin and opioid addiction and to assist when a person is experiencing withdrawal from the use of heroin or other opioids. According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), “buprenorphine represents the latest advance in medication-assisted treatment (MAT). Medications such as buprenorphine, in combination with counseling and behavioral therapies, provide a whole-patient approach to the treatment of opioid dependency. When taken as prescribed, buprenorphine is safe and effective.”

Families, and those in recovery, have said that individuals often encounter difficulty getting their insurance providers to cover the medications doctors may wish to prescribe to treat their addiction. Further, even when insurance companies do cover medications, they require a doctor to first contact the insurance company and request prior authorization to prescribe the medication. This process may take several days and creates an unnecessary barrier to treatment. To improve access to life-saving treatment, commercial insurance companies and managed care providers will be required to cover, without prior authorization, emergency supplies of medications for the treatment of substance use disorder.

Part C

Wraparound program services provide services to adolescents and adults for up to nine months after successful completion of a treatment program. Wraparound services take the form of case management services that address education, legal, financial, social, childcare, peer-to-peer support groups, employment support, transportation assistance and other supports. These services can help former patients improve their quality of life and greatly reduce the likelihood of relapse. The state began providing wraparound services in 2014. Given this initial demonstration of success, this bill would extend the program for an additional two years.

Part D

Under existing Mental Health Law, law enforcement and county mental hygiene directors are permitted to transport a person who is incapacitated due to drugs and/or alcohol to an OASAS designated treatment facility for emergency treatment services. Although 48 hours of treatment is a good start, it takes longer than this for a person to detox from heroin and opioids, and people in these situations need more resources. To provide more time and resources for these individuals, this bill would increase the length of time individuals can be held from 48 hours to 72 hours and will ensure that they have access to medical care within this window of time, to ensure a balance between their individual rights and need for medical care.

Budget Implications:

None

Effective Date:

This act shall take effect immediately provided, however, that the applicable effective date of Parts A through D of this act shall be as specifically set forth in the last section of such Parts.