

# Human Services Committee JOINT FAVORABLE REPORT

**Bill No.:** HB-7090

AN ACT CONCERNING INEQUITABLE METHADONE MAINTENANCE

**Title:** REIMBURSEMENT RATES UNDER THE MEDICAID PROGRAM.

**Vote Date:** 3/5/2019

**Vote Action:** Joint Favorable

**PH Date:** 2/19/2019

**File No.:**

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## **SPONSORS OF BILL:**

Human Services Committee

## **REASONS FOR BILL:**

This bill would seek to require the Commissioner of Social Services to provide equitable weekly reimbursement rates under the Medicaid program for all methadone maintenance programs.

## **RESPONSE FROM ADMINISTRATION/AGENCY:**

**Kathleen Brennan, Deputy Commissioner, Department of Social Services:** The Department is in opposition to this bill as it would result in additional costs to the State, absent of available appropriations. The Department has submitted a state-plan amendment to CMS making several technical changes to the reimbursement methodology. This allows for weeks where fewer than 7 days' worth of service are provided, specified the services included in the rate, and provided specific documentation. "The Department did not have the authority to unilaterally increase costs or implement significant reductions in reimbursement for some providers."

## **NATURE AND SOURCES OF SUPPORT:**

**Catherine Osten, State Senator 19<sup>th</sup> District and Kevin Ryan, State Representative 139<sup>th</sup> District:** It is their understanding that while reimbursement rates were set years ago, they are not set on costs, performance or other metrics. Rate reform would be urgently needed to allow the states providers to treat those in need.

**Ben Shaiken, Manager of Advocacy and Public Policy, Connecticut Community**

**Nonprofit Alliance:** Emphasizes that methadone maintenance treatment providers across the state are paid differently depending on their contract. This often means that newer providers are paid a higher rate than some existing providers. Since 2013, DMHAS grant funding for substance abuse services has been cut by 29% while the need for services continue to rise.

**Jose Feliciano, CT State Program Director, Hispanic Federation:** Emphasizes the need for available and accessible medication assisted treatment and behavioral health services to populations which have been traditionally underfunded, such as people of color, Spanish speakers, women and inner-city populations. The Hispanic Federation supports the provision of fairness and rate equity among all providers in the state, but urge the consideration of the disparities that exist between rates of service in areas where larger numbers of individuals in traditionally underserved populations vs areas that may have more financial resources.

**Steven Zuckerman, President, Root Center for Advanced Recovery:** This center has the lowest state Medicaid rate due to previous historical rates which were established when DMHAS provided state grant dollars for services, funds which are not readily available anymore. They are struggling as the standard of care cannot change based on your weekly rate.

**NATURE AND SOURCES OF OPPOSITION:**

No sources of opposition, aside from the Department of Social Services for the reasons listed above, were submitted.

**Reported by: Kayleigh Royston**

**Date: 03/11/2019**