State Advocacy Successes and Trends

Cynthia Moreno Tuohy, BSW, NCAC II, CDC III, SAP
Executive Director, NAADAC

John Lisy, LICDC-CS, OCP-C, LISW-S, LPCC-S
Executive Director, Shaker Heights Youth Center and Public Policy Member, NAADAC

Sherri Layton, LCDC, CCS
Director of Public Policy, La Hacienda Treatment Center and Public Policy Committee Co-Chair, NAADAC

Thomas D. Stuber, MS, MBA, LPCC-S, LICDC-CS
Public Policy Committee Member, NAADAC

Presented by: Cynthia Moreno Tuohy; John Lisy; Sherri Layton; Thomas Stuber
This session is sponsored by Faces & Voices of Recovery.

Faces & Voices of Recovery supports and educates peers, families and Recovery Centric Organizations worldwide. We demonstrate the power of recovery and wellness through leadership and best practice training. We strive to abolish systemic disparities in substance use disorder care, and believe that everyone has a right to recovery.

State Advocacy Successes and Trends

Cynthia Moreno Tuohy, BSW, NCAC II, CDC III, SAP  
Executive Director, NAADAC

John Lisy, LICDC-CS, OCP, LISW-S, LPCC-S  
Executive Director, Shaker Heights Youth Center and Public Policy Member, NAADAC

Sherri Layton, LCDC, CCS  
Director of Public Policy, La Hacienda Treatment Center and Public Policy Committee Co-Chair, NAADAC

Thomas D. Stuber, MS, MBA, LPCC-S, LICDC-CS  
Public Policy Committee Member, NAADAC
ASAM Update

Preparation for 4th Edition

- ASAM Staff and Editorial Team
- 2021 Surveys released to Stakeholders
  - Treatment Providers
  - System Administrators
  - Health Plans
  - Policy Makers
  - Patients and Families
- Survey focused on barriers or challenges faced and opportunities to improve

Preliminary Document Released for Comment

- NAADAC submitted comments.
  ~ Dr. Ken Martz, Pennsylvania Affiliate
  ~ Cynthia Moreno Tuohy, NAADAC Executive Director
- While many of the changes will be helpful and reflect the evolution of the treatment field, some have their own obstacles.
### Helpful Changes Included

- Updating the Continuum of Care
- Updating Level 3.7
- Better integration of biomedical services
- Clarifying how Recovery Residences fit in the continuum
- Better integration of withdrawal management through the continuum
- Promoting improved continuity of care along the continuum
- Updating standards to reflect evolving priorities of the field
- Cognitive impairments addressed across the continuum
- Communication of medical necessity

### NAADAC’s Input/Feedback to ASAM

- MAT is not a primary model
- Need for Research
- Need for Specialization of Marginalized Populations
- Treatment of Trauma
- Workforce Development
- Integrated Care
- Placement Criteria
- Clarify Language
- Practitioner in Need Program
- Dimension 6 now Readiness to Change
- Recognizing competencies of this workforce
42 CFR, Part 2 – NAADAC Response to SAMHSA, Concerns & Recommendations

- **It is damaging to initiate additional changes to Part 2.** New amendments made to Part 2 by SAMHSA made it even easier to allow (with patient consent) for the sharing of health information. Many providers do not understand these new amendments.

- NAADAC believes that the proposed changes will seriously compromise individuals’ rights and put people with SUD treatment records at risk of increased discrimination, stigma, and prosecution.

- NAADAC proposed that further changes to the regulations are made to ensure greater protection from discrimination, stigma, and prosecution. We also believe it is vital to empower patients through informed consent so every person who is considering accessing services covered by these rules can make informed choices and understand the risks of their information being used in ways that can potentially harm them.

NAADAC’s Recommendations

1. **Place this regulatory process on hold until the proposed anti-discrimination regulations are published.**

2. **Require an informed consent process** - Client information typically includes illegal drug use, and patients must understand the potential for that information to end up being used to discriminate, stigmatize, or prosecute them and that they the right not to sign a broader consent or limit disclosures (Treatment, Payment, and Operations purposes).

3. **Protect consented release.** HHS proposes to permit the use and disclosure of Part 2 records in a criminal investigation or prosecution of the patient, so long as the patient signs a written consent form.
4. **Remove or modify the section on the conditioning of treatment on consent.**
The proposed regulation sets up two sets of standards, one for persons of means who can pay for their own care and the other for the rest of Americans who would have no alternative but to sign a consent as a condition of treatment.

5. **Protect highly sensitive counselor notes** – The proposed regulations note that the Department is considering whether to create a new definition similar to psychotherapy notes that is specific to the notes of counselors.

6. **Fund the associated administrative burden** – The nation’s SUD workforce has been in a severe workforce crisis for over a generation, and recent strains are crippling it beyond the breaking point.

**Panel Question** –

1. What has your state done/is doing to advance the addiction professional workforce?
Addiction Professional Credentialing
The Need for National Standards

- Licensure and credentialing requirements vary greatly from state to state and serve as a barrier to entry, advancement, and retention for this key segment of the workforce.
- There are two nationally recognized testing bodies administrated by NCC AP and IC&RC. Individuals practicing in their state having passed one test may not be able to move to another state and be credited for passing their testing requirements.
- With advancement of telehealth as an acceptable form of assessment treatment and recovery support, it is more important than ever that we have standardized tests and credentials able to cross state barriers and offer the support that a mobile society of people in recovery will need to have in their lives.

OAADAC / NAADAC Advocacy to Decrease Barriers and Give Choice

1. Ohio has traditionally been a state that uses the IC&RC test.
2. OAADAC was a key driver in licensure and writing the legislation. Since that door was opened it allowed for the NCC AP test.
3. The OCDP Board was formed effective December 23, 2002.
4. 5 years ago, an active OAADAC member was appointed to the Board.
5. 4 years ago, appointed Chair of the Treatment Committee and the Committee began an extensive review of the national testing landscape.
6. Last year the OCDP Board voted to recognize the NCC AP test in addition to the IC&RC test.
7. The next step is to work with NCC AP to promote the advantages of using the NCC AP tests.
Panel Question —

What advances has your state made in implementation of parity law?

Parity Progress in Texas

2017 –
HB 10 –
• Established Mental Health Condition & Substance Use Disorder Workgroup to develop Strategic Plan for Texas to increase parity compliance
• Required compliance audits by Medicaid & commercial health plans with reports submitted
• Improved complaint process by establishing position in Ombudsman Office
• Developed public education program about rights under parity law

2019 –
HB 2174 - Prohibited Medicaid from requiring prior authorization on opioid and substance use disorder medications
Set requirements for appointment wait times for BH services (network adequacy)
Parity Progress in Texas

2021 –
HB 2595 – Parity enforcement and education; portal for complaints & requires education & training on parity

2023 –
• Extend prohibition for prior authorization on OUD/SUD medications to commercial plans & remove expiration date from Medicaid prohibition
• Apply parity requirements for MH & SUD coverage to state employees, teacher, retired teacher, UT & TAMU systems health plans
• Remove fail first requirement for authorization for mental health medications

Panel Questions –

How is your state handling opioid settlement dollars and have their been impacts to services?

How does your state affiliate/industry leadership engage with your state regulatory agency?
This session is sponsored by Faces & Voices of Recovery.

Faces & Voices of Recovery supports and educates peers, families and Recovery Centric Organizations worldwide. We demonstrate the power of recovery and wellness through leadership and best practice training. We strive to abolish systemic disparities in substance use disorder care, and believe that everyone has a right to recovery.
2022 Sen. Harold E. Hughes Advocate of the Year Award

Thomas D. Stuber, MS, MBA, LPCC-S, LICDC-CS

2022 Emerging Leader of the Year Award

Tess Reasor, CPRC-Supervisor, CPSS, CYSS