New Jersey Medicaid Proposed Policy Changes

Provider & Patient Impact Summary

Summary: The proposed changes to the DMAHS *Presumptive Drug Screening and Definitive Drug Testing* policies will create unintended patient and provider consequences that will result in unnecessary opioid overdose deaths and undermines providers effective use of drug testing in the identification, diagnosis, treatment, and promotion of recovery for patients with, or at risk for, addiction. It is understandable that DMAHS wants to eliminate inappropriate and costly drug-testing practices that utilize routine, large and arbitrary test panels, unnecessarily frequent drug testing and definitive testing of all presumptive positive and negative test results. However, the proposed policy changes appear to be illogical with little regard for the successful practice of addiction medicine.

Clinical Impacts to the elimination of "screen/reflex" protocols and restriction of definitive testing:

a. Providers cannot rely on positive presumptive test results until they are confirmed by a definitive test. Additionally, providers understand that a negative presumptive test results can't rule out drug use because the use could have occurred outside the window of detection, below the cutoff value or been excluded from the test panel nor can a clinical diagnosis of a Substance Use Disorder (SUD) be determined. If the presumptive test results are negative, but the patient exhibits signs of use, the clinician must be able to confirm using a definitive test that has much greater sensitivity.
b. Frequently, providers share test results with outside entities, such as drug and family court, and it is optimal that positive results be verified with a definitive test. Furthermore, major decisions such as program expulsion in addition to the social and legal consequences of detecting substance use during pregnancy should always rely on a definitive testing method.
c. Presumptive testing for benzodiazepines clonazepam and lorazepam my provide false negative results with presumptive testing and require more specific identification to account for the negative result. Similarly, a positive screening test result may require definitive UDT to identify the specific (benzodiazepine) drug(s).
d. Presumptive testing is often unable to identify specific drugs within many drug classes, particularly within the amphetamine, barbiturate, benzodiazepine, tricyclic antidepressants, and opiate/opioid drug classes.
e. Drugs such as buprenorphine, amphetamines, benzodiazepines, and cocaine/heroin yield false negative presumptive results due to low cross-reactivity or non-reactivity and clinicians must use their clinical skills to determine when it's appropriate to perform definitive testing when they question test results.
f. Definitive testing is critical for differential patient assessment. For example, when several opioids are present in the urine of a patient prescribed a single opioid, definitive testing helps the clinician decide whether the presence of the other opioids is consistent with metabolism of the prescribed opioid or if more than one drug within a class is being used.

Conclusion:

The proposed policy changes are contrary to ASAM[1] and CMS[2] drug testing guidelines and will adversely impact the care provided to New Jersey Medicaid members, generally the most vulnerable population devastated by the opioid crisis that claimed over 3,000 lives in New Jersey alone in 2020, an 18% increase over 2019[3]. Furthermore, by arbitrarily limiting definitive testing DMAHS foregoes current trends whereby presumptive testing is replaced by targeted definitive testing, which would provide greater patient drug use precision and would also reduce overall system testing costs. The primary purposes of drug testing are (a) detecting substance use that could complicate treatment response and patient management; (b) monitoring adherence with prescribed medications; and (c) monitoring possible diversion. The proposed policy seeks to weaken these objectives without reasonable grounds or adequate consideration of the consequences patients will face.

Everyday New Jersey mental health providers try to save lives by detecting the use of substances that can be lethal in combination with a prescribed opioid agonist medication such as benzodiazepines. Effective drug testing is a critical tool to uncover this lethal combination and this policy seeks to undermine that efficacy. Drug testing is applied across all stages of treatment including pre-induction assessment and treatment planning, active treatment, and during maintenance and recovery and crippling the providers ability to test appropriately cripples patient care and will result in unnecessary additional opioid deaths.

[1] Appropriate Use of Drug Testing in Clinical Addiction Medicine, Adopted by the ASAM Board of Directors April 5, 2017

[2] Local Coverage Determination (LCD): URINE DRUG TESTING (L36037) National Government Services, Inc. June 2020

[3] New Jersey: Opioid-Involved Deaths and Related Harms, https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/new-jersey-opioid-involved-deaths-related-harms