APA-4
10/91

CERTIFICATION OF EMERGENCY RULES
FILED WITH LEGISLATIVE REFERENCE SERVICE
JERRY L. BASSETT, DIRECTOR

Pursuant to Code of Alabama 1975, §§ 41-22-5(b) and 41-22-6.

I certify that the attached emergency amendment is a copy as promulgated and adopted on the 9th day of August, 2013.

AGENCY NAME: State Health Planning and Development Agency
(Statewide Health Coordinating Council)

RULE NO. AND TITLE: 410-2-4-.11-.01ER Substance Abuse

EFFECTIVE DATE OF RULE: The Agency desires the Emergency Rule to become effective on the date of filing with the Legislative Reference Service, that is, August 12, 2013.

EXPIRATION DATE: The Agency desires the Emergency Rule to remain in effect for 120 days, through December 10, 2013.

NATURE OF EMERGENCY:

Effective September 20, 2012, the Statewide Health Coordinating Council ("SHCC") adopted an amendment to the need methodology for methadone treatment programs by adding Section 410-2-4-.11(4) of the *2004-2007 Alabama State Health Plan* ("SHP"). Section 410-2-4-.11(4) provides, in part, for a one-year moratorium on the consideration of certificate of need applications for new methadone treatment facilities pending the SHCC's review of the need for additional facilities and the adoption of a new need methodology. Additional time is needed to gather and review data necessary to determine the need for new methadone treatment programs and to ensure that appropriate standards are set for new operators. The SHCC finds that the failure to delay the authorization of additional facilities until such a review may be had constitutes an immediate threat to the health, safety and welfare of patients and the general public. Accordingly, the SHCC adopted this emergency amendment to Section 410-2-4-.11(4).

STATUTORY AUTHORITY: §§ 41-22-5, 22-21-260(6), (13) and (15), Code of Alabama, 1975.

SUBJECT OF RULE TO BE ADOPTED ON PERMANENT BASIS
___X___ YES _____ NO

RECD & FILED
AUG 12 2013
LEGISLATIVEREFSERVICE

NAME, ADDRESS, AND TELEPHONE NUMBER OF PERSON TO CONTACT FOR COPY OF RULE:

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Alva M. Lambert
Executive Director

FILING DATE
(For APA Use Only)

410-2-4-.11-.01ER **Substance Abuse**

(1) Discussion

(a) The National Household Survey on Drug Abuse (NHSDA) estimated 16.6 million Americans age 12 or older in 2001 were classified with dependence on or abuse of either alcohol or illicit drugs, a figure significantly higher than in 2000 – about 14.5 million. Most of these persons (11.0 million) were dependent on or abused alcohol only. Another 2.4 million were dependent on or abused both alcohol and illicit drugs, while 3.2 million were dependent on or abused illicit drugs but not alcohol. Persons age 18 to 25 had the highest rates of alcohol dependence or abuse (14.8 percent). (Source: www.samhsa.gov)

(b) There are more deaths and disabilities each year in the United States from Substance Abuse than from any other cause. One-quarter of all emergency room visits, one-third of all suicides, and more than one half of all homicides and incidents of domestic violence are alcohol-related. (Source: www.ncadd.org)

(c) Alcohol and drug abuse costs the American economy an estimated $276 billion per year in lost productivity, health care expenditures, crime, motor vehicle crashes and other conditions. (Source: www.ncadd.org)

(2) Background

(a) Substance abuse services for persons with both dependence and abuse problems is provided through an array of private and public providers throughout the state. The array of services ranges from inpatient medical detoxification services to residential treatment services to a variety of outpatient types of services including various affiliated support groups.

(b) In the past few years the technology for treating individuals with dependence and abuse problems has changed rather dramatically from a traditional inpatient/residential mode to outpatient treatment. This has occurred for a variety of reasons including financial considerations. These phenomena can be verified through analysis of current utilization of both inpatient and residential services.

(3) Methodology

(a) The Alabama Department of Mental Health/Mental Retardation (DMH/MR) has developed a substance abuse bed need methodology, which is based upon a formula utilized in other states, commonly referred to as the "Mardin Formula". This prevalence base formula was selected in lieu of utilization-based formulas due to the lack of comprehensive statistical information on the current utilization of residential treatment centers. Calculation of needed beds is performed as follows:

(b) Step 1: Multiply the population ages 10-17 by 19%, which is the proportion, assumed to have problems with chemical dependency;

(c) Step 2: Multiply the population ages 18 and over by 7%, which is the proportion assumed to have problems with chemical dependency;

(d) Step 3: Multiply the sum of steps 1 and 2 by 12%, which is the proportion who will seek treatment annually;

(e) Step 4: Multiply the product in step 3 by 60% which is the proportion of those seeking treatment who will require detoxification services for 3 days. Calculate total number of patient days;

(f) Step 5: Multiply those receiving detoxification services by 50%, which is the proportion who will need residential treatment for 10 days. Calculate total number of patient days;

(g) Step 6: Add the patient days in steps 4 and 5 to arrive at total patient days;

(h) Step 7: Divide by 365 to determine average daily census (ADC);

(i) Step 8: Divide by 80% occupancy to arrive at total needed beds;

(j) Step 9: Subtract existing public beds to arrive at total private bed need;

(k) Step 10: Subtract existing private beds to determine need or excess.

BED NEED CALCULATIONS
2005

Population		Persons with SA Problems	Persons Seeking Help	Detoxification Days	Residential Days	Total Days
531,145	3,507,562	346,447	41,574	74,832	124,720	199,552

Average Daily Census	80% Occupancy	Public Beds	Private Beds	Beds Needed
547	684	616	432	(364)

SUBSTANCE ABUSE BEDS AUTHORIZED

COUNTY	FACILITY	BEDS
	Hospitals	
Colbert	Helen Keller Memorial Hospital	13
Crenshaw	Crenshaw Baptist Hosptial	5
Jefferson	Carraway Methodist Medical Center	18
	Brookwood Medical Center	14
	University of Alabama Hospital	12
	Subtotal:	62
	Residential	
Jefferson	Bradford Parkside Lodge at Warrior	100
	Salvation Army Adult Rehabilitation Center	84
Madison	Bradford at Huntsville	84
Shelby	Bradford Adolescent	102
	Subtotal:	370
	State Total:	432

Updated September 2003
Alabama 2002 Hospital H-5 Report

(4) Methadone Treatment

(a) Definition. Methadone is an opioid agonist medication used to treat heroin and other opiate addiction. Methadone reduces the craving for heroin and other opiates by blocking receptor sites that are affected by heroin and other opiates.

(b) Background

1. Prior to June 1991 Alabama operated two methadone clinics in Birmingham and in Mobile, both of which were operated through a DMH/MR contract. These clinics are part of the UAB Mental Health Center and the Mobile Mental Health Center. The average number of clients served in any given month never exceeded 380 of which fewer than 5% were clients from out of state.

2. As of January 2004, Alabama has nineteen certified methadone treatment programs and several others under development.

(c) Recommendations

1. A methadone treatment program should provide adequate medical, counseling, vocational, educational, mental health assessment, and social services to patients enrolled in the opioid treatment program with the goal of the individual becoming free of opioid dependency.

2. The Methadone Advisory Committee suggests the following information be submitted with Certificate of Need applications:

(i) The number of arrests for the previous year regarding the sale and possession of opioids by county for the area to be served.

(ii) Data from the Medical Examiner regarding all deaths related to overdose from opioids by county for the area to be served during the previous year.

(iii) Data from all hospital emergency rooms regarding the number of persons diagnosed and treated for an overdose of opioids by county for the area to be served.

(iv) The number of clients within specific geographic areas who, out of necessity, must travel in excess of 50 miles round-trip for narcotic treatment services.

(v) The name and number of existing narcotic treatment programs within 50 miles of the proposed sight.

(vi) Number of persons to be served by the proposed program and the daily dosing fee.

(d) Need

1. The need for methadone treatment programs should be based on information provided by the applicant for certificate of need which acknowledges the importance of considering the demand for services along with need and addressing and analyzing service problems as well.

2. As of April 20, 2012, there are twenty certified methadone treatment programs in Alabama, with two additional programs under development. On April 18, 2012, the Certificate of Need Review Board passed a resolution requesting that the SHCC consider revisions to the State Health Plan to provide additional guidance for the consideration of applications for new methadone clinics and to impose a moratorium on new applications pending the outcome of such review. On August 3, 2012, the SHCC adopted a one year moratorium on the consideration of certificate of need applications for new methadone facilities to allow for the review and adoption of new need methodology. ~~Given the increase in the number of methadone treatment facilities over the last few years, no further certificate of need applications for new methadone treatment facilities shall be considered for a period of one year pending the SHCC's review of this issue and the adoption of a new need methodology.~~ Additional time is required to gather and review data necessary to determine the need for new methadone treatment programs and to ensure that appropriate standards are set for new operators. The SHCC finds that the authorization of additional facilities prior to such review would constitute an immediate threat to the health, safety and welfare of patients and the general public, thereby requiring adoption of this emergency rule. Therefore, there shall be no finding of need for additional methadone treatment programs within the State of Alabama until such time as additional data can be collected regarding the utilization and operation of existing programs and the demographic breakdown of patients. The Agency shall work with the State Methadone Authority from the Alabama Department of Mental Health to create a survey instrument and to survey existing methadone treatment facilities to collect data regarding services provided, admissions, current utilization, discharges, length of treatment, and patient demographic information. This survey shall encompass a period of at least three years to provide a picture of trends related to methadone treatment in Alabama. The Agency will report the results to the SHCC one year following the effective date of this section, or as soon as practicable thereafter. Once this report is complete, the SHCC will determine what need, if any, exists for new methadone treatment programs in the state.

3. The provisions of subsection 2 above shall not prohibit the grant of a certificate of need for the relocation and replacement of an existing methadone treatment facility.

Author: Statewide Health Coordinating Council (SHCC).
Statutory Authority: § 22-21-260(4), Code of Alabama, 1975.
History: Effective November 22, 2004. Amended: Filed August 16, 2012; effective September 20, 2012. Amended: Emergency Rule Filed August 12, 2013; effective August 12, 2013.