

## Minnesota Alliance of Rural Addiction Treatment Programs

April 8, 2025

Senator John Hoffman, Chair Senate Human Services Committee 95 University Avenue W. Minnesota Senate Bldg., Room 2111 St. Paul, MN 55155

Dear Chair Hoffman and committee members

The Minnesota Alliance of Rural Addiction Treatment Programs (MARATP) is a non-profit organization that seeks to bring together diverse rural interests to address and advocate for strong addiction treatment programs throughout Greater Minnesota. Formed in 2017, MARATP advocates for legislation and policies that strengthen the health and well-being of rural Minnesotans, and improve rural access to higher quality, lower cost health care. We are writing you today to provide our comments on S.F. 3054 and its impact on rural substance use disorder (SUD) treatment providers across the state.

First, MARATP express our gratitude for the language in Article 3, Section 31 that would increase Medical Assistance (MA) reimbursement rates for several levels of SUD treatment. The recent rate study commissioned by the Department of Human Services (DHS) demonstrated how significantly MA rates for SUD services fall below the cost of providing care. Inadequate funding, along with workforce shortages leads to lower access to care for Minnesotans. This crisis is especially prevalent in rural Minnesota where resources are already much more limited. MARATP members are committed to serving those in need of services, but providers continue to struggle to meet the growing demand.

That is why MARATP wishes to thank the committee for its investment in SUD treatment providers by:

- Increasing MA rates for ASAM 3.1 providers to the 100% of the rate study's modeled rate; and
- Increasing most other SUD rates to the modeled rate of 55% of the modeled rate.

While we MARATP would also like to see the rates for ASAM 3.5 increased, we understand the budget situation the committee is in and greatly appreciate your support.

Second, MARATP is generally supportive of a number of other provisions relating to SUD billing, the mid-point rule, and restructuring some outpatient SUD codes. We have some concerns with limitations in the Behavioral Health Fund in light of the growing uncertainty about Medicaid at the federal level, but we look forward to working with the committee as the proposal advances this session.

Thank you in advance for your consideration and your support of the recovery community.

Sincerely, Marti Paulson, President Minnesota Alliance of Rural Addiction Treatment Programs