EQUITY FUND ADMINISTRATION CONSIDERATIONS

Offered by Psychedelic Mental Health Access Alliance,

Healing Advocacy Fund, and Rudick Law Group

SCOPE OF CONSIDERATIONS OFFERED:

- Fund Administration Models
  - Community-empowerment model
  - Provider-empowerment model
- Funding Range Considerations
  - insured vs. uninsured participants
  - Cost variance between different indications
  - Cost variance between different care models
- Equitable Access
- Other Considerations
- Sustaining the Equity Fund

JOINT RECOMMENDATIONS

- Where possible, minimize burden on patients/participants
- Flexibility, broad eligibility at start
- Adjust/improve over time as more information available
  - True treatment cost data will come with time
  - Early data about program care needs can better shape equity fund design in future
- Develop plan to sustain fund
  - Agency and community roles

FUND ADMINISTRATION MODELS

1) Community-empowerment model
2) Provider-empowerment model

COMMUNITY-EMPOWERMENT MODEL

Patients apply individually for a cash grant to pay for administration day and/or related uncovered treatment and providers apply for administration day slots at a set reimbursement rate

PROS

- ease of ensuring compliant use

CONS

- Patients hold majority application and department administration burden
- DOH vendor complication

PROVIDER-EMPOWERMENT MODEL

Providers apply for and receive lump funding directly from the department to provide care to eligible patients/communities

PROS

- Provider (rather than patient) holds the application and department administration burden

CONS

- Slightly higher fraud risk (and department audit burden)

FUNDING RANGE CONSIDERATIONS

- Cost estimates
  - Administration day: $1,800 - $2,000
  - Total protocol (w/ one admin session): $3,500 - $5,700

FUNDING RANGE CONSIDERATIONS

COST ESTIMATES:

Administration day:

$1,800 - $2,000

Total protocol (w/ one admin session):

$3,500 - $5,700

- Insured vs. uninsured cost
  - Potential "primary payer" issue – how to anticipate and navigate
    - Avoid language insinuating that the first responsible payor for certain patients is the Equity Fund
- Different indications = different costs
  - Ensure that eligibility not limited to one administration session
  - Alternative limits (cap total time or cap amount)
- Different care models = different costs
  - Patient-empowerment model and group care protocols possibilities

EQUITABLE ACCESS CONSIDERATIONS

- Promoting diversity of providers, care models, geographic access
- Ensuring adequate fund access for all approved indications
- Fund access for providers of homebound patients

ADDITIONAL CONSIDERATIONS

- Inclusion of equity fund provider questions in the standard DOH application and renewal
- Creation of equity provider directory
- Succession planning

SUSTAINING THE TREATMENT EQUITY FUND

- FY2027: $630,000 in GRO funds
  - Non-reverting (can be used at any time)
- Incremental fund use analysis
- Incorporation in annual DOH budget
- Community role in ensuring ongoing legislative support