

S.225

An act relating to pilot programs for coverage by commercial health insurers of costs associated with medication-assisted treatment

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. COSTS ASSOCIATED WITH MEDICATION-ASSISTED
TREATMENT; PILOT PROGRAMS

(a) The Commissioner of Vermont Health Access shall develop pilot programs in which one or more health insurers contribute funding to providers who are not affiliated with an authorized treatment program but who meet federal requirements for use of controlled substances in the pharmacological treatment of opioid addiction in order to support the costs of funding licensed alcohol and drug counselors and other medical professionals who support this work. The Commissioner shall collaborate with one or more health insurers; a large, integrated federally qualified health center; and a multisite Blueprint community in carrying out the requirements of this section. The pilot programs shall:

(1) align with current Blueprint funding or other payment models that may be developed in consultation with stakeholders for opioid treatment programs and other providers who are not affiliated with an authorized treatment program but who meet federal requirements for use of controlled substances in the pharmacological treatment of opioid addiction;

(2) align with potential integration of Medicare funding into opioid treatment programs and other providers who are not affiliated with an authorized treatment program but who meet federal requirements for use of controlled substances in the pharmacological treatment of opioid addiction; and

(3) be designed to allow the integration into accountable care organization funding.

(b) On or before January 15, 2019, the Commissioner shall report to the Senate Committee on Health and Welfare and House Committees on Health Care and on Human Services regarding the design and construction of the pilot programs and any recommendations for legislative action.

(c) As used in this section:

(1) "Health insurer" means any health insurance company, nonprofit hospital and medical service corporation, managed care organization, and to the extent permitted under federal law any administrator of an insured, self-insured, or publicly funded health care benefit plan offered by public and private entities. The term shall include the administrator of the health benefit plan offered by the State of Vermont to its employees and the administrator of any health benefit plan offered by any agency or instrumentality of the State to its employees. The term shall not include stand-alone dental plans or benefit plans providing coverage for a specific disease or other limited benefit coverage.

(2) “Provider” means physicians, advanced practice registered nurses,
and physician assistants.

Sec. 2. EFFECTIVE DATE

This act shall take effect on July 1, 2018.