

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred Senate Bill  
3 No. 225 entitled “An act relating to access to Vermont Prescription Monitoring  
4 System data by academic researchers and coverage by commercial health  
5 insurers for costs associated with medication-assisted treatment” respectfully  
6 reports that it has considered the same and recommends that the bill be  
7 amended by striking out all after the enacting clause and inserting in lieu  
8 thereof the following:

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

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

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

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

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

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

17       (c) As used in this section:

18       (1) “Health insurer” means any health insurance company, nonprofit  
19 hospital and medical service corporation, managed care organization, and to  
20 the extent permitted under federal law any administrator of an insured, self-  
21 insured, or publicly funded health care benefit plan offered by public and

1 private entities. The term shall include the administrator of the health benefit  
2 plan offered by the State of Vermont to its employees and the administrator of  
3 any health benefit plan offered by any agency or instrumentality of the State to  
4 its employees. The term shall not include stand-alone dental plans or benefit  
5 plans providing coverage for a specific disease or other limited benefit  
6 coverage.

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

9 Sec. 2. EFFECTIVE DATE

10 This act shall take effect on July 1, 2018.

11 and that after passage the title of the bill be amended to read: “An act relating  
12 to pilot programs for coverage by commercial health insurers of costs  
13 associated with medication-assisted treatment”

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16 (Committee vote: \_\_\_\_\_)

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Senator \_\_\_\_\_

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FOR THE COMMITTEE