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This act summary is provided for the convenience of the public and members of the General Assembly. It is intended to provide a general summary of the act and may not be exhaustive. It has been prepared by the staff of the Office of Legislative Council without input from members of the General Assembly. It is not intended to aid in the interpretation of legislation or to serve as a source of legislative intent.

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**Act No. 43 (S.43). Health; insurance; medication-assisted treatment**

**An act relating to limiting prior authorization requirements for medication-assisted treatment**

This act prohibits health insurance plans from imposing prior authorization requirements for all counseling and behavioral therapies associated with medication-assisted treatment and for prescription drugs for a patient receiving medication-assisted treatment if the dosage prescribed is within the U.S. Food and Drug Administration's dosing recommendations. The act requires health insurance plans that provide prescription drug coverage to ensure that at least one medication from each drug class approved by the U.S. Food and Drug Administration for the treatment of substance use disorder is available on the lowest cost-sharing tier of the plan's prescription drug formulary. It further requires the Department of Vermont Health Access to submit reports to the General Assembly annually between 2020 and 2022 regarding prior authorization processes for medication-assisted treatment in Vermont's Medicaid program.

Multiple effective dates, beginning on July 1, 2019