

S.43

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

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

Sec. 1. 8 V.S.A. § 4089b is amended to read:

§ 4089b. HEALTH INSURANCE COVERAGE, MENTAL HEALTH, AND
SUBSTANCE ABUSE USE DISORDER

* * *

(b) As used in this section:

(1) “Health insurance plan” means any health insurance policy or health benefit plan offered by a health insurer, as defined in 18 V.S.A. § 9402, except a benefit plan providing coverage for a specific disease or other limited benefit coverage. Health insurance plan includes any health benefit plan offered or administered by the State, or any subdivision or instrumentality of the State.

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(c) A health insurance plan shall provide coverage for treatment of a mental condition and shall:

(1) not establish any rate, term, or condition that places a greater burden on an insured for access to treatment for a mental condition than for access to treatment for other health conditions, including no greater co-payment for primary mental health care or services than the co-payment applicable to care or services provided by a primary care provider under an insured’s policy and

no greater co-payment for specialty mental health care or services than the co-payment applicable to care or services provided by a specialist provider under an insured's policy;

(2) not exclude from its network or list of authorized providers any licensed mental health or substance abuse provider located within the geographic coverage area of the health benefit plan if the provider is willing to meet the terms and conditions for participation established by the health insurer; ~~and~~

(3) make any deductible or out-of-pocket limits required under a health insurance plan comprehensive for coverage of both mental and physical health conditions; and

(4) if the plan provides prescription drug coverage, 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.

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Sec. 2. 18 V.S.A. § 4750 is amended to read:

§ 4750. ~~DEFINITION~~ DEFINITIONS

As used in this chapter, "~~medication-assisted treatment~~";

(1) "Health insurance plan" has the same meaning as in 8 V.S.A. § 4089b.

(2) “Medication-assisted treatment” means the use of U.S. ~~Federal~~ Food and Drug Administration-approved medications, in combination with counseling and behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders.

Sec. 3. 18 V.S.A. § 4754 is added to read:

§ 4754. LIMITATION ON PRIOR AUTHORIZATION REQUIREMENTS

(a) A health insurance plan shall not require prior authorization for prescription drugs for a patient who is receiving medication-assisted treatment if the dosage prescribed is within the U.S. Food and Drug Administration’s dosing recommendations.

(b) A health insurance plan shall not require prior authorization for all counseling and behavioral therapies associated with medication-assisted treatment for a patient who is receiving medication-assisted treatment.

Sec. 4. PRIOR AUTHORIZATION FOR MEDICATION-ASSISTED TREATMENT; MEDICAID; REPORTS

On or before February 1, 2020, 2021, and 2022, the Department of Vermont Health Access shall report to the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare regarding prior authorization processes for medication-assisted treatment in Vermont’s Medicaid program during the previous calendar year, including which medications required prior authorization; how many prior authorization

requests the Department received and, of these, how many were approved and denied; and the average and longest lengths of time the Department took to process a prior authorization request.

Sec. 5. EFFECTIVE DATES

(a) This section and Secs. 2 (18 V.S.A. § 4750) and 4 (prior authorization for medication-assisted treatment; Medicaid; reports) shall take effect on July 1, 2019.

(b) Secs. 1 (8 V.S.A. § 4089b) and 3 (18 V.S.A. § 4754) shall take effect on January 1, 2020 and shall apply to health insurance plans on or after January 1, 2020 on such date as a health insurer issues, offers, or renews the health insurance plan, but in no event later than January 1, 2021.