

1 S.43

2 Introduced by Senators Lyons, Cummings, Ingram, McCormack, and

3 Westman

4 Referred to Committee on Health and Welfare

5 Date: January 22, 2019

6 Subject: Health; health insurance; substance use disorder; medication-assisted

7 treatment; prior authorization

8 Statement of purpose of bill as introduced: This bill proposes to prohibit

9 health insurance plans and Medicaid from imposing prior authorization

10 requirements for medication-assisted treatment.

11 An act relating to prohibiting prior authorization requirements for
12 medication-assisted treatment

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

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

15 § 4089b. HEALTH INSURANCE COVERAGE, MENTAL HEALTH, AND

16 SUBSTANCE ABUSE USE DISORDER

17 * * *

18 (c) A health insurance plan shall provide coverage for treatment of a

19 ~~mental condition and shall.~~

1 ~~(1) not establish any rate, term, or condition that places a greater burden~~
2 on an insured for access to treatment for a mental condition than for access to
3 treatment for other health conditions, including no greater co-payment for
4 primary mental health care or services than the co-payment applicable to care
5 or services provided by a primary care provider under an insured's policy and
6 no greater co-payment for specialty mental health care or services than the co-
7 payment applicable to care or services provided by a specialist provider under
8 an insured's policy;

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

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

17 (4) place medications approved by the U.S. Food and Drug
18 Administration for the treatment of substance use disorder on the lowest cost-
19 sharing tier of the plan's prescription drug formulary.

20

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

2 ~~§ 4750. DEFINITION DEFINITIONS~~

3 ~~As used in this chapter, “medication-assisted treatment”:~~

4 ~~(1) “Health insurance plan” has the same meaning as in 8 V.S.A.~~

5 ~~§ 4089b.~~

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

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

11 ~~§ 4754. PROHIBITION ON PRIOR AUTHORIZATION~~

12 ~~A health insurance plan shall not require prior authorization for medication-~~
13 ~~assisted treatment.~~

14 ~~Sec. 4. 33 V.S.A. § 1999 is amended to read:~~

15 ~~§ 1999. CONSUMER PROTECTION RULES; PRIOR AUTHORIZATION~~

16 ~~* * *~~

17 ~~(g) The Program shall not require prior authorization for medication-~~
18 ~~assisted treatment as defined in 18 V.S.A. § 4750.~~

19 ~~Sec. 5. EFFECTIVE DATES~~

20 ~~(a) This section and Secs. 2 (18 V.S.A. § 4750) and 4 (33 V.S.A. § 1999)~~
21 ~~shall take effect on July 1, 2019.~~

1 ~~(b) Secs. 1 (8 V.S.A. § 4089b) and 3 (18 V.S.A. § 4754) shall take effect on~~
2 ~~October 1, 2019 and shall apply to health insurance plans on or after October~~
3 ~~1, 2019 on such date as a health insurer issues, offers, or renews the health~~
4 ~~insurance plan, but in no event later than October 1, 2020.~~

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

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

** * **

(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.

** * **

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. PROHIBITION ON PRIOR AUTHORIZATION

A health insurance plan shall not require prior authorization for medication-assisted treatment that is within the U.S. Food and Drug Administration’s dosing recommendations.

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.