The Senate was called to order by the President.

**Devotional Exercises**

A moment of silence was observed in lieu of devotions.

**Pledge of Allegiance**

The President then led the members of the Senate in the pledge of allegiance.

**Bills Referred to Committee on Finance**

Senate bills of the following titles, appearing on the Calendar for notice, and affecting the revenue of the state, under the rule were severally referred to the Committee on Finance:

- **S. 54.** An act relating to the regulation of cannabis.
- **S. 58.** An act relating to the State hemp program.

**Bills Introduced**

Senate bills of the following titles were severally introduced, read the first time and referred:

- **S. 108.**
  By Senator Pearson,
  An act relating to employee misclassification.
  To the Committee on Economic Development, Housing and General Affairs.

- **S. 109.**
  By Senator Cummings,
  An act relating to captive insurance companies and risk retention groups.
  To the Committee on Finance.

- **S. 110.**
  By Senators Sirotkin, Balint, Baruth, Clarkson and Hardy,
  An act relating to data privacy and consumer protection.
To the Committee on Economic Development, Housing and General Affairs.

S. 111.

By Senators White, Ashe, Bray, Clarkson, Collamore and Pollina,

An act relating to the U.S. Department of Veterans Affairs’ Airborne Hazards and Open Burn Pit Registry.

To the Committee on Government Operations.

Joint Senate Resolution Adopted on the Part of the Senate

J.R.S. 16.

Joint Senate resolution of the following title was offered, read and adopted on the part of the Senate, and is as follows:

By Senator Ashe,


Resolved by the Senate and House of Representatives:

That when the two Houses adjourn on Friday, February 22, 2019, it be to meet again no later than Tuesday, February 26, 2019.

Bill Amended; Third Reading Ordered

S. 43.

Senator Ingram, for the Committee on Health and Welfare, to which was referred Senate bill entitled:

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

Reported recommending that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

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

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.

And that when so amended the bill ought to pass.

Thereupon, the bill was read the second time by title only pursuant to Rule 43, the recommendation of amendment was agreed to, and third reading of the bill was ordered.

Adjournment

On motion of Senator Mazza, the Senate adjourned until one o’clock in the afternoon on Wednesday, February 20, 2019.