TO THE HONORABLE SENATE:

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- The Committee on Health and Welfare to which was referred Senate Bill

 No. 43 entitled "An act relating to prohibiting prior authorization requirements

 for medication-assisted treatment" respectfully reports that it has considered

 the same and recommends that the bill be amended by striking out all after the

 enacting clause and inserting in lieu thereof the following:
- 7 Sec. 1. 8 V.S.A. § 4089b is amended to read:
- 8 § 4089b. HEALTH INSURANCE COVERAGE, MENTAL HEALTH, AND

9 SUBSTANCE ABUSE USE DISORDER

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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;

1	(2) not exclude from its network or list of authorized providers any
2	licensed mental health or substance abuse provider located within the
3	geographic coverage area of the health benefit plan if the provider is willing to
4	meet the terms and conditions for participation established by the health
5	insurer; and
6	(3) make any deductible or out-of-pocket limits required under a health
7	insurance plan comprehensive for coverage of both mental and physical health
8	conditions; and
9	(4) if the plan provides prescription drug coverage, ensure that at least
10	one medication from each drug class approved by the U.S. Food and Drug
11	Administration for the treatment of substance use disorder is available on the
12	lowest cost-sharing tier of the plan's prescription drug formulary.
13	* * *
14	Sec. 2. 18 V.S.A. § 4750 is amended to read:
15	§ 4750. DEFINITION DEFINITIONS
16	As used in this chapter, "medication assisted treatment":
17	(1) "Health insurance plan" has the same meaning as in 8 V.S.A.
18	<u>§ 4089b.</u>
19	(2) "Medication-assisted treatment" means the use of U.S. Federal Food
20	and Drug Administration-approved medications, in combination with

1	counseling and behavioral therapies, to provide a whole patient approach to the
2	treatment of substance use disorders.
3	Sec. 3. 18 V.S.A. § 4754 is added to read:
4	§ 4754. PROHIBITION ON PRIOR AUTHORIZATION
5	A health insurance plan shall not require prior authorization for medication-
6	assisted treatment that is within the U.S. Food and Drug Administration's
7	dosing recommendations.
8	Sec. 4. PRIOR AUTHORIZATION FOR MEDICATION-ASSISTED
9	TREATMENT; MEDICAID; REPORTS
10	On or before February 1, 2020, 2021, and 2022, the Department of Vermont
11	Health Access shall report to the House Committees on Health Care and on
12	Human Services and the Senate Committee on Health and Welfare regarding
13	prior authorization processes for medication-assisted treatment in Vermont's
14	Medicaid program during the previous calendar year, including which
15	medications required prior authorization; how many prior authorization
16	requests the Department received and, of these, how many were approved and
17	denied; and the average and longest lengths of time the Department took to
18	process a prior authorization request.

1	Sec. 5. EFFECTIVE DATES
2	(a) This section and Secs. 2 (18 V.S.A. § 4750) and 4 (prior authorization
3	for medication-assisted treatment; Medicaid; reports) shall take effect on July
4	<u>1, 2019.</u>
5	(b) Secs. 1 (8 V.S.A. § 4089b) and 3 (18 V.S.A. § 4754) shall take effect
6	on January 1, 2020 and shall apply to health insurance plans on or after
7	January 1, 2020 on such date as a health insurer issues, offers, or renews the
8	health insurance plan, but in no event later than January 1, 2021.
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15	(Committee vote:)
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17	Senator
18	FOR THE COMMITTEE