

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred Senate Bill
3 No. 43 entitled “An act relating to prohibiting prior authorization requirements
4 for medication-assisted treatment” respectfully reports that it has considered
5 the same and recommends that the bill be amended by striking out all after the
6 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

10 * * *

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

13 (1) not establish any rate, term, or condition that places a greater burden
14 on an insured for access to treatment for a mental condition than for access to
15 treatment for other health conditions, including no greater co-payment for
16 primary mental health care or services than the co-payment applicable to care
17 or services provided by a primary care provider under an insured’s policy and
18 no greater co-payment for specialty mental health care or services than the co-
19 payment applicable to care or services provided by a specialist provider under
20 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) ~~place medications~~ **ensure that at least one medication from each**
10 **drug class** approved by the U.S. Food and Drug Administration for the
11 treatment of substance use disorder is available on the lowest cost-sharing tier
12 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 § 4089b.

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

9 ~~§ 1999. CONSUMER PROTECTION RULES; PRIOR~~
10 ~~AUTHORIZATION~~

11 * * *

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

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

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

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

4 Sec. 5. EFFECTIVE DATES

5 (a) This section and Secs. 2 (18 V.S.A. § 4750) and 4 (~~33 V.S.A. § 1999~~
6 **prior authorization for medication-assisted treatment; Medicaid; reports)**
7 shall take effect on July 1, 2019.

8 (b) Secs. 1 (8 V.S.A. § 4089b) and 3 (18 V.S.A. § 4754) shall take effect
9 on ~~October 1, 2019~~ **January 1, 2020** and shall apply to health insurance plans
10 on or after ~~October 1, 2019~~ **January 1, 2020** on such date as a health insurer
11 issues, offers, or renews the health insurance plan, but in no event later than
12 **October 1, 2020** **January 1, 2021.**

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18 (Committee vote: _____)

19 _____

20 Senator _____

21 FOR THE COMMITTEE