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H.324
Introduced by Representative Pugh of South Burlington
Referred to Committee on
Date:
Subject: Human services; opioid use and addiction treatment; reimbursement
by commercial insurers for medication-assisted treatment
Statement of purpose of bill as introduced: This bill proposes to require
commercial health insurers to share costs associated with the provision of
medication-assisted treatment by certain providers.
An act relating to coverage by commercial health insurers for costs associated with medication-assisted treatment
It is hereby enacted by the General Assembly of the State of Vermont:
Sec. 1. 18 V.S.A. § 4755 is added to read:
§ 4755. HEALTH INSURER PARTICIPATION
(a) A health insurer shall make a monthly payment to community health
teams to share the costs of funding the work of medication-assisted treatment
staff embedded in the practices of prescribing providers who are not affiliated
with an authorized opioid treatment program but who meet federal
requirements for use of controlled substances in the pharmacological treatmen

of opioid use disorder. These payments shall be required as a condition of the

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1	insurer's doing business in the State. The amount of each insurer's payment to
2	each prescribing provider shall be determined by the Director of the Blueprint
3	for Health Program and shall be based on the number of the insurer's enrollees
4	receiving pharmacological treatment for opioid use disorder.
5	(b) As used in this section:
6	(1) "Community health team" refers to the teams described in section
7	705 of this title.
8	(2) "Health insurer" means any health insurance company, nonprofit
9	hospital and medical service corporation, managed care organization, and to
10	the extent permitted under federal law, any administrator of an insured, self-
11	insured, or publicly funded health care benefit plan offered by public and
12	private entities. The term includes the administrator of the health benefit plan
13	offered by the State of Vermont to its employees and the administrator of any
14	health benefit plan offered by any agency or instrumentality of the State to its
15	employees. The term does not include stand-alone dental plans or benefit
16	plans providing coverage for a specific disease or other limited benefit
17	coverage.
18	Sec. 2. EFFECTIVE DATE

This act shall take effect on July 1, 2021.