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 treatment of opioid use disorder. These payments shall be required as a condition of the
insurer’s doing business in the State. The amount of each insurer’s payment to
each prescribing provider shall be determined by the Director of the Blueprint
for Health Program and shall be based on the number of the insurer’s enrollees
receiving pharmacological treatment for opioid use disorder.

(b) As used in this section:

(1) “Community health team” refers to the teams described in section
705 of this title.

(2) “Health insurer” means any health insurance company, nonprofit
hospital and medical service corporation, managed care organization, and to
the extent permitted under federal law, any administrator of an insured, self-
insured, or publicly funded health care benefit plan offered by public and
private entities. The term includes the administrator of the health benefit plan
offered by the State of Vermont to its employees and the administrator of any
health benefit plan offered by any agency or instrumentality of the State to its
employees. The term does not include stand-alone dental plans or benefit
plans providing coverage for a specific disease or other limited benefit
coverage.

Sec. 2. EFFECTIVE DATE

This act shall take effect on July 1, 2021.