1 H.728

2 Introduced by Committee on Human Services

3 Date:

4 Subject: Human services; opioid use disorder; treatment; recovery

5 Statement of purpose of bill as introduced: This bill proposes to: (1) expand
6 the locations in which an organized community-based needle exchange
7 program can operate; (2) prohibit a health insurance plan from requiring prior
8 authorization during the first 60 days of initiating medication-assisted
9 treatment when the prescribed medication is for opioid or opiate withdrawal;
10 (3) establish the Overdose Prevention Site Working Group; and (4) appropriate
11 funds for three pilot programs specific to mobile medication-assisted
12 treatment, supports for justice-involved individuals, and overdose emergency
13 response support.

14 An act relating to opioid overdose response services

15 It is hereby enacted by the General Assembly of the State of Vermont:

16 * * * Operation of Syringe Service Programs * * *

17 Sec. 1. 18 V.S.A. § 4475 is amended to read:

18 § 4475. DEFINITIONS

(a)(1) The term “drug paraphernalia” means all equipment, products, devices, and materials of any kind that are used, or promoted for use or designed for use, in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a regulated drug in violation of chapter 84 of this title. “Drug paraphernalia” does not include needles ~~and~~, syringes, or other harm reduction supplies distributed or possessed as part of an organized community-based needle exchange program.

(2) “Organized community-based needle exchange program” means a program approved by the Commissioner of Health under section 4478 of this title, the purpose of which is to provide access to clean needles and syringes~~, and which is operated by an AIDS service organization, a substance abuse treatment provider, or a licensed health care provider or facility~~. Such programs shall be operated in a manner that is consistent with the provisions of 10 V.S.A. chapter 159 (waste management; hazardous waste)~~,~~ and any other applicable laws.

* * *

Sec. 2. REPORT; NEEDLE EXCHANGE PROGRAM GUIDELINES

1 On or before January 1, 2023, the Department of Health shall submit a
2 written report to the House Committee on Human Services and to the Senate
3 Committee on Health and Welfare on updates to the needle exchange program
4 operating guidelines required pursuant to 18 V.S.A. § 4478 that reflect current
5 practice and consideration of the feasibility and costs of designating
6 organizations to deliver peer-operated needle exchange.
7 * * * Prior Authorization for Medication-Assisted Treatment
8 Effective July 1, 2022 * * *
9 Sec. 3. 18 V.S.A. § 4750 is amended to read:
10 § 4750. DEFINITIONS
11 As used in this chapter:
12 (1) "Health insurance plan" ~~has the same meaning as in 8 V.S.A.~~
13 ~~§ 4089b~~ means any health insurance policy or health benefit plan offered by a
14 health insurer, as defined in section 9402 of this title, as well as Medicaid and
15 any other public health care assistance program offered or administered by the
16 State or by any subdivision or instrumentality of the State. The term does not
17 include policies or plans providing coverage for a specified disease or other
18 limited benefit coverage.
19 * * *
20 Sec. 4. 18 V.S.A. § 4754 is amended to read:
21 § 4754. LIMITATION ON PRIOR AUTHORIZATION REQUIREMENTS

1 (a) A health insurance plan shall not require prior authorization for
2 prescription drugs for a patient who is receiving medication-assisted treatment
3 if the dosage prescribed is within the U.S. Food and Drug Administration's
4 dosing recommendations or during the first 60 days of medication-assisted
5 treatment when the medication is prescribed to an individual.
6 (b) A health insurance plan shall cover the following medications without
7 requiring prior authorization:
8 (1) one medication within each therapeutic class of medication approved
9 by the U.S. Food and Drug Administration for the treatment of substance use
10 disorders; and
11 (2) one medication that is a formulation of a buprenorphine mono-
12 product approved by the U.S. Food and Drug Administration for the treatment
13 of substance use disorders.
14 (c) A health insurance plan shall not require prior authorization for all
15 counseling and behavioral therapies associated with medication-assisted
16 treatment for a patient who is receiving medication-assisted treatment.
17 * * * Prior Authorization for Medication-Assisted Treatment
18 Effective July 1, 2025 * * *
19 Sec. 5. 18 V.S.A. § 4750 is amended to read:
20 § 4750. DEFINITIONS
21 As used in this chapter:

~~(1) "Health insurance plan" means any health insurance policy or health benefit plan offered by a health insurer, as defined in section 9402 of this title, as well as Medicaid and any other public health care assistance program offered or administered by the State or by any subdivision or instrumentality of the State. The term does not include policies or plans providing coverage for a specified disease or other limited benefit coverage~~ has the same meaning as in 8 V.S.A. § 4089b.

* * *

Sec. 6. 18 V.S.A. § 4754 is amended to read:

§ 4754. LIMITATION ON PRIOR AUTHORIZATION REQUIREMENTS

(a) A health insurance plan shall not require prior authorization for prescription drugs for a patient who is receiving medication-assisted treatment if the dosage prescribed is within the U.S. Food and Drug Administration's dosing recommendations ~~or during the first 60 days of medication-assisted treatment when the medication is prescribed to a patient for opioid or opiate withdrawal~~.

(b) ~~A health insurance plan shall cover the following medications without requiring prior authorization:~~

~~(1) one medication within each therapeutic class of medication approved by the U.S. Food and Drug Administration for the treatment of substance use disorders; and~~

~~(2) one medication that is a formulation of a buprenorphine mono-product approved by the U.S. Food and Drug Administration for the treatment of substance use disorders.~~

~~(c)~~ A health insurance plan shall not require prior authorization for all counseling and behavioral therapies associated with medication-assisted treatment for a patient who is receiving medication-assisted treatment.

~~*Sec. 3. [Deleted.]*~~

** * * Prior Authorization of Medication-Assisted Treatment Medications for Medicaid Beneficiaries * * **

Sec. 3. 33 V.S.A. § 1901k is added to read:

§ 1901k. MEDICATION-ASSISTED TREATMENT MEDICATIONS

(a) The Agency of Human Services shall provide coverage to Medicaid beneficiaries for medically necessary medication-assisted treatment for opioid use disorder when prescribed by a health care professional practicing within the scope of the professional's license and participating in the Medicaid program.

(b) Upon approval of the Drug Utilization Review Board, the Agency shall cover at least one medication in each therapeutic class for methadone, buprenorphine, and naltrexone as listed on Medicaid's preferred drug list without requiring prior authorization.

~~*Sec. 4. [Deleted.]*~~

Sec. 4. REPORT; PRIOR AUTHORIZATION; MEDICATION-ASSISTED TREATMENT

(a) On or before December 1, 2022, the Department of Vermont Health Access shall research the following, in consultation with individuals representing diverse professional perspectives, and submit its findings related to prior authorization for medication-assisted treatment to the Drug Utilization Review Board and Clinical Utilization Review Board for review, consideration, and recommendations:

(1) the quantity limits and preferred medications for buprenorphine products;

(2) the feasibility and costs for adding mono-buprenorphine products as preferred medications and the current process for verifying adverse effects;

(3) how other states' Medicaid programs address prior authorization for medication-assisted treatment, including the 60-day deferral of prior authorization implemented by Oregon's Medicaid program;

(4) the appropriateness and feasibility of removing annual renewal of prior authorization;

(5) the appropriateness of creating parity between hub-and-spoke providers with regard to medication-assisted treatment quantity limits; and

(6) creating an automatic emergency 72-hour pharmacy override default.

(b) Prior to providing a recommendation to the Department, the Drug Utilization Review Board and the Clinical Utilization Review Board shall include as an agenda item at their respective meetings the Department's findings related to prior authorization required pursuant to subsection (a) of this section.

(c) On or before January 15, 2023, the Department shall submit a written report containing both the Department's initial research and findings and the Drug Utilization Review Board and the Clinical Utilization Review Board's recommendations pursuant to subsection (a) of this section to the House Committee on Human Services and to the Senate Committee on Health and Welfare.

Sec. 5. [Deleted.]

Sec. 6. [Deleted.]

1 * * * Report on Prior Authorization for Medication-Assisted
2 Treatment in Medicaid * * *

3 Sec. 7. REPORTS; PRIOR AUTHORIZATION FOR MEDICATION-
4 ASSISTED TREATMENT; MEDICAID

5 On or before February 1, 2023, 2024, and 2025, the Department of Vermont
6 Health Access shall report to the House Committees on Health Care and on
7 Human Services and to the Senate Committee on Health and Welfare regarding

1 prior authorization processes for medication-assisted treatment in Vermont's
2 Medicaid program during the previous calendar year, including:
3 (1) which medications required prior authorization;
4 (2) how many prior authorization requests the Department received and,
5 of these, how many were approved and denied; and
6 (3) the average and longest length of time the Department took to
7 process a prior authorization request.

Sec. 7. REPORTS; PRIOR AUTHORIZATION FOR MEDICATION-ASSISTED TREATMENT; MEDICAID

On or before February 1, 2023, 2024, and 2025, the Department of Vermont Health Access shall report to the House Committees on Health Care and on Human Services and to 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:

(1) which medications required prior authorization;

(2) the reason for initiating prior authorization;

(3) how many prior authorization requests the Department received and, of these, how many were approved and denied and the reason for approval or denial;

(4) the average and longest length of time the Department took to process a prior authorization request; and

(5) how many prior authorization appeals the Department received and, of these, how many were approved and denied and the reason for approval or denial.

1 * * * Overdose Prevention Site Working Group * * *

2 Sec. 8. OVERDOSE PREVENTION SITE WORKING GROUP

3 (a) Creation. In recognition of the rapid increase in overdose deaths across
4 the State, with a record number of opioid-related deaths in 2021, there is
5 created the Overdose Prevention Site Working Group to identify the feasibility
6 and liability of implementing overdose prevention sites in Vermont.

7 (b) Membership. The Working Group shall be composed of the following
8 members:

9 (1) the Commissioner of Health or designee;

10 (2) the Commissioner of Public Safety or designee;

11 (3) a representative, appointed by the State's Attorneys Offices;

12 (4) two representatives, appointed by the Vermont League of Cities and
13 Towns, from different regions of the State;

14 (5) two individuals with lived experience of opioid use disorder,
15 including at least one of whom is in recovery; one member appointed by the
16 Howard Center's Safe Recovery program; and one member appointed by the
17 Vermont Association of Mental Health and Addiction Recovery;

18 (6) the Program Director from the Consortium on Substance Use;

1 (7) the Program Director from the Howard Center's Safe Recovery
2 program;
3 (8) a primary care prescriber with experience providing medication-
4 assisted treatment within the hub-and-spoke model, appointed by the Clinical
5 Director of Alcohol and Drug Abuse Programs; and
6 (9) an emergency department physician, appointed by the Vermont
7 Medical Society.
8 (c) Powers and duties. The Working Group shall:
9 (1) conduct an inventory of overdose prevention sites nationally;
10 (2) identify the feasibility and liability of both publicly funded and
11 privately funded overdose prevention sites;
12 (3) make recommendations on municipal and local actions necessary to
13 implement overdose prevention sites; and
14 (4) make recommendations on executive and legislative actions
15 necessary to implement overdose prevention sites, if any.
16 (d) Assistance. The Working Group shall have the administrative,
17 technical, and legal assistance of the Department of Health.
18 (e) Report. On or before November 15, 2023, the Working Group shall
19 submit a written report to the House Committee on Human Services and the
20 Senate Committee on Health and Welfare with its findings and any
21 recommendations for legislative action.

1 (f) Meetings.
2 (1) The Commissioner of Health or designee shall call the first meeting
3 of the Working Group to occur on or before September 15, 2022.
4 (2) The Committee shall select a chair from among its members at the
5 first meeting.
6 (3) A majority of the membership shall constitute a quorum.
7 (4) The Working Group shall cease to exist on November 15, 2023.
8 (g) Compensation and reimbursement. Members of the Working Group
9 shall be entitled to per diem compensation and reimbursement of expenses as
10 permitted under 32 V.S.A. § 1010 for not more than eight meetings. These
11 payments shall be made from monies appropriated to the Department of
12 Health.
13 (h) As used in this section, "overdose prevention site" means a facility
14 where individuals can use previously acquired regulated drugs as defined in
15 18 V.S.A. § 4201.
16 * * * Pilot Programs * * *
17 Sec. 9. PILOT PROGRAM; MOBILE MEDICATION-ASSISTED
18 TREATMENT
19 In fiscal year 2023, $450,000.00 is appropriated from the General Fund to
20 the Department of Health's Division of Alcohol and Drug Abuse Programs for
21 the purpose of awarding one or more grants for mobile medication-assisted

1 treatment services in accordance with federal laws. The Division shall award
2 grants based on an applicant's ability to provide medication-assisted treatment,
3 including methadone, to currently underserved areas of the State.
4 Sec. 10. PILOT PROGRAM; SUBSTANCE USE SUPPORT FOR JUSTICE-
5 INVOLVED VERMONTERS
6 In fiscal year 2023, $250,000.00 is appropriated from the General Fund to
7 the Department of Health's Division of Alcohol and Drug Abuse Programs to
8 award one or more grants to an organization or organizations providing
9 substance use treatment counseling or substance use recovery support, or both,
10 for individuals within and transitioning out of the criminal justice system. The
11 Division shall award grants based on an applicant's ability to accomplish the
12 following:
13 (1) provide justice-involved individuals with direct substance use
14 support services while incarcerated, such as through alcohol and drug abuse
15 counselors licensed pursuant to 26 V.S.A. chapter 62 or certified recovery
16 coaches, or both;
17 (2) support justice-involved individuals in their transition out of
18 incarceration, such as through warm handoffs to existing statewide resources
19 for substance use treatment or recovery; or

1 (3) provide long-term support for justice-involved individuals, such as
2 by coordinating peer support services or ongoing counseling post-
3 incarceration.
4 Sec. 11. PILOT PROGRAM; OVERDOSE EMERGENCY RESPONSE
5 SUPPORT
6 In fiscal year 2023, $180,000.00 is appropriated from the General Fund to
7 the Department of Health's Division of Alcohol and Drug Abuse Programs to
8 award four equal grants to organizations to provide or facilitate connection to
9 substance use treatment, recovery, or harm reduction services at the time of
10 emergency response to overdose. The Division shall award grants based on an
11 applicant's ability to support individuals at risk of fatal overdose by facilitating
12 warm handoffs to treatment, recovery, and harm reduction services through
13 coordination between public safety, emergency medical services, substance use
14 treatment and health care providers, and substance use recovery services.
15 * * * Effective Dates * * *
16 Sec. 12. EFFECTIVE DATES
17 This act shall take effect on July 1, 2022, except that Secs. 5 (definitions)
18 and 6 (limitation on prior authorization requirements) shall take effect on
19 July 1, 2023.

** * * Effective Date * * **

Sec. 12. EFFECTIVE DATE

This act shall take effect on July 1, 2022.