H.728

Introduced by Committee on Human Services

Date:

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

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

An act relating to opioid overdose response services

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

* * * Operation of Syringe Service Programs * * *

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

§ 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

On or before January 1, 2023, the Department of Health shall submit a written report to the House Committee on Human Services and to the Senate Committee on Health and Welfare on updates to the needle exchange program operating guidelines required pursuant to 18 V.S.A. § 4478 that reflect current practice and consideration of the feasibility and costs of designating organizations to deliver peer-operated needle exchange.

* * * Prior Authorization for Medication-Assisted Treatment

Effective July 1, 2022 * * *

Sec. 3. 18 V.S.A. § 4750 is amended to read:

§ 4750. DEFINITIONS

As used in this chapter:

(1) "Health insurance plan" ~~has the same meaning as in 8 V.S.A. § 4089b~~ 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.

* * *

Sec. 4. 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 an individual.

(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.

* * * Prior Authorization for Medication-Assisted Treatment

Effective July 1, 2025 * * *

Sec. 5. 18 V.S.A. § 4750 is amended to read:

§ 4750. DEFINITIONS

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.]

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

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) how many prior authorization requests the Department received and, of these, how many were approved and denied; and

(3) the average and longest length of time the Department took to 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.

* * * Overdose Prevention Site Working Group * * *

Sec. 8. OVERDOSE PREVENTION SITE WORKING GROUP

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

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

(1) the Commissioner of Health or designee;

(2) the Commissioner of Public Safety or designee;

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

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

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

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

(7) the Program Director from the Howard Center's Safe Recovery program;

(8) a primary care prescriber with experience providing medication-assisted treatment within the hub-and-spoke model, appointed by the Clinical Director of Alcohol and Drug Abuse Programs; and

(9) an emergency department physician, appointed by the Vermont Medical Society.

(c) Powers and duties. The Working Group shall:

(1) conduct an inventory of overdose prevention sites nationally;

(2) identify the feasibility and liability of both publicly funded and privately funded overdose prevention sites;

(3) make recommendations on municipal and local actions necessary to implement overdose prevention sites; and

(4) make recommendations on executive and legislative actions necessary to implement overdose prevention sites, if any.

(d) Assistance. The Working Group shall have the administrative, technical, and legal assistance of the Department of Health.

(e) Report. On or before November 15, 2023, the Working Group shall submit a written report to the House Committee on Human Services and the Senate Committee on Health and Welfare with its findings and any recommendations for legislative action.

(f) Meetings.

(1) The Commissioner of Health or designee shall call the first meeting of the Working Group to occur on or before September 15, 2022.

(2) The Committee shall select a chair from among its members at the first meeting.

(3) A majority of the membership shall constitute a quorum.

(4) The Working Group shall cease to exist on November 15, 2023.

(g) Compensation and reimbursement. Members of the Working Group shall be entitled to per diem compensation and reimbursement of expenses as permitted under 32 V.S.A. § 1010 for not more than eight meetings. These payments shall be made from monies appropriated to the Department of Health.

(h) As used in this section, "overdose prevention site" means a facility where individuals can use previously acquired regulated drugs as defined in 18 V.S.A. § 4201.

* * * Pilot Programs * * *

Sec. 9. PILOT PROGRAM; MOBILE MEDICATION-ASSISTED TREATMENT

In fiscal year 2023, $450,000.00 is appropriated from the General Fund to the Department of Health's Division of Alcohol and Drug Abuse Programs for the purpose of awarding one or more grants for mobile medication-assisted

treatment services in accordance with federal laws. The Division shall award grants based on an applicant's ability to provide medication-assisted treatment, including methadone, to currently underserved areas of the State.

Sec. 10. PILOT PROGRAM; SUBSTANCE USE SUPPORT FOR JUSTICE-INVOLVED VERMONTERS

In fiscal year 2023, $250,000.00 is appropriated from the General Fund to the Department of Health's Division of Alcohol and Drug Abuse Programs to award one or more grants to an organization or organizations providing substance use treatment counseling or substance use recovery support, or both, for individuals within and transitioning out of the criminal justice system. The Division shall award grants based on an applicant's ability to accomplish the following:

(1) provide justice-involved individuals with direct substance use support services while incarcerated, such as through alcohol and drug abuse counselors licensed pursuant to 26 V.S.A. chapter 62 or certified recovery coaches, or both;

(2) support justice-involved individuals in their transition out of incarceration, such as through warm handoffs to existing statewide resources for substance use treatment or recovery, or

(3) provide long-term support for justice-involved individuals, such as by coordinating peer support services or ongoing counseling post-incarceration.

Sec. 11. PILOT PROGRAM; OVERDOSE EMERGENCY RESPONSE SUPPORT

In fiscal year 2023, $180,000.00 is appropriated from the General Fund to the Department of Health's Division of Alcohol and Drug Abuse Programs to award four equal grants to organizations to provide or facilitate connection to substance use treatment, recovery, or harm reduction services at the time of emergency response to overdose. The Division shall award grants based on an applicant's ability to support individuals at risk of fatal overdose by facilitating warm handoffs to treatment, recovery, and harm reduction services through coordination between public safety, emergency medical services, substance use treatment and health care providers, and substance use recovery services.

* * * Effective Dates * * *

Sec. 12. EFFECTIVE DATES

This act shall take effect on July 1, 2022, except that Secs. 5 (definitions) and 6 (limitation on prior authorization requirements) shall take effect on July 1, 2023.

~~** * Effective Date * * **~~

Sec. 12. EFFECTIVE DATE

~~*This act shall take effect on July 1, 2022.*~~

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

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

§ 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

On or before January 1, 2023, the Department of Health shall submit a written report to the House Committee on Human Services and to the Senate Committee on Health and Welfare on updates to the needle exchange program operating guidelines required pursuant to 18 V.S.A. § 4478 that reflect current practice and consideration of the feasibility and costs of designating organizations to deliver peer-operated needle exchange.

** * * 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. 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.]

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.

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

Sec. 8. OVERDOSE PREVENTION SITE WORKING GROUP

(a) Creation. In recognition of the rapid increase in overdose deaths across the State, with a record number of opioid-related deaths in 2021, there is created the Overdose Prevention Site Working Group to identify the feasibility and liability of implementing overdose prevention sites in Vermont. The Working Group shall review the findings from previously completed reports on this topic and current efforts to examine and implement an overdose prevention site.

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

(1) the Commissioner of Health or designee;

(2) the Commissioner of Public Safety or designee;

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

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

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

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

(7) the Program Director from the Howard Center's Safe Recovery program;

(8) a primary care prescriber with experience providing medication-assisted treatment within the hub-and-spoke model, appointed by the Clinical Director of Alcohol and Drug Abuse Programs; and

(9) an emergency department physician, appointed by the Vermont Medical Society.

(c) Powers and duties. The Working Group shall:

(1) conduct an inventory of overdose prevention sites nationally;

(2) identify the feasibility, liability, and cost of both publicly funded and privately funded overdose prevention sites;

(3) make recommendations on municipal and local actions necessary to implement overdose prevention sites;

(4) make recommendations on executive and legislative actions necessary to implement overdose prevention sites, if any; and

(5) develop an actionable plan for the design, facility fit-up, and implementation of one or more overdose prevention sites in Vermont.

(d) Assistance. The Working Group shall have the administrative, technical, and legal assistance of the Department of Health.

(e) Report. On or before January 15, 2023, the Working Group shall submit a written report to the House Committee on Human Services and the Senate Committee on Health and Welfare with its findings and any recommendations for legislative action, including the plan developed pursuant to subdivision (c)(5) of this section and the estimated cost to implement the plan.

(f) Meetings.

(1) The Commissioner of Health or designee shall call the first meeting of the Working Group to occur on or before July 15, 2022.

(2) The Committee shall select a chair from among its members at the first meeting.

(3) A majority of the membership shall constitute a quorum.

(4) The Working Group shall cease to exist on January 15, 2023.

(g) Compensation and reimbursement. Members of the Working Group shall be entitled to per diem compensation and reimbursement of expenses as permitted under 32 V.S.A. § 1010 for not more than eight meetings. These payments shall be made from monies appropriated to the Department of Health.

(h) As used in this section, "overdose prevention site" means a facility where individuals can use previously acquired regulated drugs as defined in 18 V.S.A. § 4201.

** * * Program Presentations * * **

Sec. 9. MOBILE MEDICATION-ASSISTED TREATMENT

On or before February 15, 2023, the designated agencies operating mobile medication-assisted treatment services shall present information regarding their services to the House Committee on Human Services and to the Senate Committee on Health and Welfare. The Department of Health's Division of Alcohol and Drug Abuse Programs shall also present a summary of its use of federal funds for mobile medication-assisted treatment services and an assessment as to the efficacy of mobile medication-assisted treatment services at preventing overdose deaths. As part of their respective presentations, the designated agencies and the Department shall describe geographic inequities

in the provision of methadone services and provide proposals for addressing geographic inequities.

Sec. 10. SUBSTANCE USE SUPPORT FOR JUSTICE INVOLVED VERMONTERS

The Departments of Health and of Corrections shall continue existing efforts to support access to medication-assisted treatment services to individuals in the custody of the Department of Corrections and those individuals transitioning out of the custody of the Department of Corrections. On or before February 15, 2023, the Departments shall jointly present to the House Committees on Corrections and Institutions and on Human Services and to the Senate Committees on Health and Welfare and on Judiciary information:

(1) summarizing their use of federal funds for this purpose; and

(2) regarding the provision of medication-assisted treatment services to justice-involved individuals.

Sec. 11. OVERDOSE EMERGENCY RESPONSE SUPPORT

The Agency of Human Services shall continue existing efforts to provide or facilitate connections to substance use treatment, recovery, or harm reduction services at the time of an emergency response to an overdose. On or before February 15, 2023, the Agency shall present information to the House Committee on Human Services and to the Senate Committee on Health and Welfare summarizing the use of federal funds and status of this work.

** * * Effective Date * * **

Sec. 12. EFFECTIVE DATE

This act shall take effect on July 1, 2022.