

1 H.728

2 Representative Whitman of Bennington moves that the bill be amended as
3 follows:

4 First: By adding a reader assistance heading and two new sections to be
5 Secs. 3 and 4 to read as follows:

6 * * * Prior Authorization of Medication-Assisted Treatment

7 Medications for Medicaid Beneficiaries * * *

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

9 § 1901k. MEDICATION-ASSISTED TREATMENT MEDICATIONS

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

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

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

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

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

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

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

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

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

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

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

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

12 Second: By striking out Sec. 7, reports; prior authorization for medication-
13 assisted treatment; Medicaid, in its entirety and inserting in lieu thereof a new
14 Sec. 7 to read as follows:

15 Sec. 7. REPORTS; PRIOR AUTHORIZATION FOR MEDICATION-

16 ASSISTED TREATMENT; MEDICAID

17 On or before February 1, 2023, 2024, and 2025, the Department of Vermont
18 Health Access shall report to the House Committees on Health Care and on
19 Human Services and to the Senate Committee on Health and Welfare regarding
20 prior authorization processes for medication-assisted treatment in Vermont’s
21 Medicaid program during the previous calendar year, including:

- 1 (1) which medications required prior authorization;
- 2 (2) the reason for initiating prior authorization;
- 3 (3) how many prior authorization requests the Department received and,
4 of these, how many were approved and denied and the reason for approval or
5 denial;
- 6 (4) the average and longest length of time the Department took to
7 process a prior authorization request; and
- 8 (5) how many prior authorization appeals the Department received and,
9 of these, how many were approved and denied and the reason for approval or
10 denial.