H.112

Introduced by Representative Small of Winooski

Referred to Committee on

Date:

Subject: Human services; opioid use disorder; response services

Statement of purpose of bill as introduced: This bill proposes to require the Department of Health to report on needle exchange program guidelines, to require the Agency of Human Services to provide coverage to Medicaid beneficiaries for medically necessary medication-assisted treatment for opioid use disorder without prior authorization when prescribed by a health care professional practicing within the scope of the professional's license and participating in the Medicaid program, and to require the Department of Vermont Health Access to report to the General Assembly regarding its research on certain aspects of medication-assisted treatment.

An act relating to opioid use disorder 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.

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Sec. 2. REPORT; NEEDLE EXCHANGE PROGRAM GUIDELINES

On or before January 1, 2024, 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 programs.

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

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

§ 1901l. MEDICATION-ASSISTED TREATMENT MEDICATIONS

(a) The Agency of Human Services shall provide coverage to Medicaid beneficiaries, without prior authorization, for medically necessary medication-assisted treatment of opioid use disorder if:

(1) the dosage prescribed is within the U.S. Food and Drug Administration's dosing recommendations; and

(2) prescribed by a health care professional practicing within the scope of the professional's license and participating in the Medicaid program.

(b) Medicaid 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. 4. REPORT; PRIOR AUTHORIZATION; MEDICATION-ASSISTED TREATMENT

(a) On or before December 1, 2023, the Department of Vermont Health Access shall research the following, in consultation with individuals representing diverse professional perspectives, and submit its findings related to 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) the appropriateness of creating parity between hub-and-spoke providers with regard to medication-assisted treatment quantity limits; and

(4) 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, 2024, 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.

* * * Effective Date * * *

Sec. 5. EFFECTIVE DATE

This act shall take effect on July 1, 2023.