



IN THE GENERAL ASSEMBLY STATE OF _____

Ensuring Access to Medication Assisted Treatment Act

1 Be it enacted by the People of the State of _____, represented in the General
2 Assembly:

3 **Section 1. Title.** This Act shall be known and may be cited as the “Ensuring Access to
4 Medication Assisted Treatment Act.”

5 **Section 2. Purpose.** The Legislature hereby finds and declares that:

6 (a) The United States and [state] continue to struggle with a nationwide epidemic stemming
7 from the abuse, diversion and misuse of prescription and illicit drugs.

8 (b) More than two million people in the United States suffer from substance use disorders
9 related to prescription opioid pain relievers. In 2013, an estimated 517,000 people had
10 heroin dependence or abused heroin – an increase from an estimated 467,000 people in
11 2012, according to the Substance Abuse and Mental Health Services Administration,
12 2013 and 2012 *National Survey on Drug Use and Health: Summary of National Findings*.

13 (c) Part of this epidemic can be addressed through enhanced efforts to increase treatment and
14 prevention in [state], including increased access to Medication Assisted Treatment
15 (MAT).

1 (d) Medication Assisted Treatment (MAT) is the use of medications, commonly in
2 combination with counseling and behavioral therapies, to provide a comprehensive
3 approach to the treatment of substance use disorders. FDA-approved medications used to
4 treat opioid addiction include methadone, buprenorphine (alone or in combination with
5 naloxone) and extended-release injectable naltrexone. Types of behavioral therapies
6 include individual therapy, group counseling, family behavior therapy, motivational
7 incentives and other modalities.

8 (e) Research shows that when treating substance-use disorders, a combination of medication
9 and behavioral therapies is most successful.

10 (f) According to the Centers for Medicaid and CHIP Services, “there is strong evidence that
11 use of MAT in managing substance use disorders provides substantial cost savings” to
12 states. MAT services also have been shown to help reduce recidivism for those drug
13 courts that offer MAT services.

14 (g) Many medical societies, including the American Medical Association the American
15 Society of Addiction Medicine (ASAM) and other medical associations support the use
16 of MAT services due to their proven clinical benefits to patients and cost-effectiveness to
17 society. [Note: ASAM has a detailed report of State Medicaid coverage here:

18 <http://www.asam.org/advocacy/aaam/state-medicaid-reports>]

19 (h) Despite the proven safety and efficacy of MAT services, more widespread use often is
20 limited by a lack of understanding about its benefits, the stigma associated with having a
21 substance use disorder as well as financial and administrative barriers.

- 1 (i) To ensure predictability, it is also essential that payments amounts under the contract
2 remain constant for select periods of time and not subject to unilateral changes not
3 otherwise mandated by law.

4 **Section 3. Definitions.**

5 (a) “Behavioral therapy” means an individual, family or group therapy designed to help
6 patients engage in the treatment process, modify their attitudes and behaviors related to
7 substance use, and increase healthy life skills.

8 (b) “Department of Health” means the state agency or department that has jurisdiction over
9 the provision of medical care, including substance use disorders.

10 (c) “Department of Insurance” means the state agency or department that has jurisdiction
11 regulating a health insurer.

12 (d) “Financial requirements” means deductibles, copayments, coinsurance, or out-of-pocket
13 maximums.

14 (e) “Health care professional” means the person licensed under the professional licensing
15 statutes of this state to provide care to individuals.

16 (f) “Health insurer” means any person or entity that issues, offers, delivers, or administers a
17 health insurance plan.

18 (g) “Health insurance plan” means an individual or group plan that provides, or pays the cost
19 of, health care items or services.

20 (h) “Pharmacologic therapy” means a prescribed course of treatment that may include
21 methadone, buprenorphine, naltrexone or other FDA-approved or evidence-based
22 medications for the treatment of substance use disorder.

1 *Drafting note. You may want to include additional information about*
2 *the following:*

3 Buprenorphine is an opioid medication that acts as a partial agonist at
4 opioid receptors—it does not produce the euphoria and sedation caused by
5 heroin or other opioids but reduces or eliminates withdrawal symptoms
6 associated with opioid dependence and has a low risk of overdose.

7 Methadone is a long-acting opioid agonist medication that can prevent
8 withdrawal symptoms and reduce craving in opioid-addicted individuals.

9 Naloxone is an opioid antagonist that binds to opioid receptors and blocks
10 or inhibits the effects of opioids acting on those receptors. Naloxone has
11 no potential for abuse, and it is not addictive.

12 Naltrexone is an opioid antagonist—it blocks opioids from binding to their
13 receptors and thereby prevents their euphoric and other effects. Naltrexone
14 itself has no subjective effects following detoxification (that is, a person
15 does not perceive any particular drug effect), it has no potential for abuse,
16 and it is not addictive.

17 Suboxone is the brand name of the combination of buprenorphine and
18 naloxone.

19 **Section 4. Development and dissemination of recommendations.**

- 20 (a) The Governor shall appoint a Task Force to develop recommendations that shall include,
21 but not be limited to:

- 1 1. Care coordination and management, which shall include effective discharge
2 planning that engages and educates the patient and the patient’s outpatient
3 medical and psychiatric providers to ensure continuity of care;
- 4 2. Discharge planning for each patient leaving a licensed substance use disorder
5 treatment program, which shall include recommended follow-up treatment and
6 contact information for certified alcohol and drug free housing;
- 7 3. Resources for substance use disorder treatment, including workforce options,
8 information and links to community and social supports, and information on
9 family support services;
- 10 4. The need for individualized, patient-specific treatment based on the patient’s
11 medical, psychiatric, and social history and past treatments. This shall include
12 specific recommendations for children, adolescents, pregnant women and the
13 elderly;
- 14 5. Guidelines for informed consent regarding the risks and benefits of all MAT
15 options, as well as the risk and benefit of not receiving treatment; and
- 16 6. Other such recommendations as required to promote effective acute and long-term
17 treatment of substance use disorders and to prevent substance misuse and
18 overdose.

19 (b) The Task Force shall be chaired by the governor’s representative and be comprised of
20 representatives from the state Department of Health, the state mental health and
21 substance abuse agency; representatives from medical and other health care professional
22 associations; representatives from relevant professional licensing agencies; a physician
23 specializing in treating patients suffering from addiction; as well as a representative for

1 early education and care; a representative of the juvenile and superior courts; a private
2 citizen who is recovering from substance use disorder, to be appointed by the governor; a
3 representative from the social service community; and other appropriate representatives
4 as determined by the governor. There shall be an equal number of medical and non-
5 medical representatives appointed to the Task Force.

6 **Section 5. Requirements for provision and coverage of MAT services.**

7 (a) MAT services shall include, but not be limited to pharmacologic and behavioral
8 therapies. At a minimum, a formulary used by a health insurance plan shall include, but
9 not be deemed to be exclusive as new formulations and medications are approved by the
10 U.S. Food and Drug Administration for the treatment of substance use disorder.

- 11 1. Buprenorphine
- 12 2. Methadone
- 13 3. Naloxone
- 14 4. Extended-release injectable naltrexone
- 15 5. Buprenorphine/naloxone combination

16 (b) MAT services provided for under this Act shall not be subject to

- 17 1. Any annual or lifetime dollar limitations;
- 18 2. Limitations to a pre-designated facility, specific number of visits, days of
19 coverage, days in a waiting period, scope or duration of treatment, or other similar
20 limits; or
- 21 3. Different financial requirements than for other illnesses covered under the health
22 insurance plan.

1 4. Step therapy, fail-first or other similar drug utilization strategies or policies for
2 patients that may conflict with a prescribed course of treatment from a licensed
3 health care professional.

4 (c) The health care benefits and MAT services outlined in this Act shall apply to all health
5 insurance plans offered to consumers in [state].

6 (d) The [state] Medicaid program shall cover the MAT medications and services provided for
7 under this Act, and include those MAT medications in its preferred drug lists for the
8 treatment of substance use disorder and prevention of overdose and death. The list of
9 MAT medications provided for under this Act shall not be deemed to be exclusive, and,
10 as new formulations and medications are approved by the U.S. Food and Drug
11 Administration for use in the treatment of substance use disorders, the [state] Medicaid
12 program shall update its preferred drug lists.

13 (e) The Attorney General shall work with the Department of Health, Department of
14 Corrections and other relevant departments and agencies to implement the
15 recommendations and other requirements of this Act in the state-approved drug courts
16 and other diversion programs as an alternative to incarceration.

17 (f) Requirements under this section shall not be subject to a covered person's prior
18 success(es) or failure(s) of the service(s) provided.

19 **Section 6. Enforcement, Jurisdiction, Reporting.**

20 (a) The Departments of Health, Insurance, Corrections and other relevant organizations shall
21 promulgate guidelines or regulations as-needed to implement and enforce the
22 requirements of this Act, and also shall be authorized to implement corrective measures
23 to ensure compliance.

1 (b) The Governor’s Task Force called for under Section 4 of this Act shall annually review
2 implementation of the requirements of this Act, make further recommendations as-
3 needed, and report to the Legislature.

4 **Section 7. Nullification and voidance.** Any contract provision, written policy, or written
5 procedure in violation of this Section shall be deemed to be unenforceable and null and void.

6 **Section 8. Severability.** If any provision of this Act or the application thereof to any person or
7 circumstance is held invalid, such invalidity shall not affect other provisions of applications of
8 the Act which can be given effect without the invalid provision or application, and to this end the
9 provisions of this Act are declared to be severable.