

HCS HB 904 -- SUBSTANCE USE DISORDERS

SPONSOR: Patterson

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Health and Mental Health Policy by a vote of 14 to 0.

This bill establishes the "Ensuring Access to High Quality Care for the Treatment of Substance Use Disorders Act."

This bill requires that medication-assisted treatment (MAT) services shall include pharmacologic and behavioral therapies.

All MAT medications must be placed on the lowest cost-sharing tier of the formulary managed by the health insurer or the pharmacy benefits manager.

MAT services shall not be subject to:

- (1) Annual or lifetime dollar limitations;
- (2) Financial requirements and quantitative treatment limitations that do not comply with the Mental Health Parity and Addiction Equity Act of 2008;
- (3) Step therapy that conflicts with a prescribed course of treatment; and
- (4) Prior authorization for MAT services.

The health care benefits and MAT services required by the bill apply to all health insurance plans in the state.

Any treatment program must disclose the MAT services it provides, as well as which of its level of care have been certified.

MO HealtNet must cover the MAT medications and services provided for in this section.

Drug courts and other diversion programs must ensure that all persons under their care are assessed for substance use disorders and make available MAT services.

All health insurance companies must disclose online and in any print provider directories which providers in its network provide MAT services and what level of care is provided. Each health insurance plan must have a process to ensure that an enrollee obtains a covered benefit for MAT services at an in-network level of coverage.

The Department of Insurance, within the Department of Insurance, Financial Institutions and Professional Registration (DIFP), must require that provider networks meet time and distance standards and minimum wait time standards for providers of MAT services. An insurance plan must have a process to ensure that an enrollee obtains a covered benefit for MAT services at an in-network level or coverage or make other arrangements.

When a health insurance plan is deemed inadequate under the requirements of the bill, the health insurer must treat the health care services an enrollee receives from an out-of-network provider as if the services were provided by an in-network provider. A health insurer must provide a determination to an enrollee for covered benefits for MAT services and for urgent care services for MAT from an out-of-network provider within 24 hours.

All health coverage payers must submit reports to the DIFP, which shall be publicly disclosed.

The DIFP must periodically perform parity compliance market conduct examinations of all health insurers that provide coverage for mental health and substance use disorder. The DIFP must make on their website a mechanism to explain the requirements of this bill and have a feedback process.

**PROONENTS:** Supporters say that treatment for opioid addiction must be initiated as soon as possible and pre-authorization delays treatment; if treatment is delayed, the patient may go to the streets and get more drugs, which could be laced with fentanyl.

Testifying for the bill were Representative Patterson; Missouri Hospital Association; Missouri Coalition for Community Behavioral Healthcare; Evan Schwar; Gena Terlizzi, National Alliance on Mental Illness Missouri; Missouri Pharmacy Association; Missouri State Medical Association; Cox Health; Gateway Foundation; Missouri Psychological Association; and Mark Stringer, Department of Mental Health.

**OPPONENTS:** Those who oppose the bill say that the bill goes much further than just helping those addicted to opioids get access to medication-assisted treatment; it also touches other types of treatment because MAT drugs also have uses other than treating opioids.

Testifying against the bill was America's Health Insurance Plans, Blue Cross Blue Shield of Kansas City, and the Missouri Insurance Coalition.