

HB 904 -- TREATMENT OF SUBSTANCE USE DISORDERS

SPONSOR: Patterson

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. Any formulary used by a health insurer or pharmacy benefits manager shall include all current and new formulations and medications approved by the Food and Drug Administration for the treatment of substance use disorder.

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; limitations to a predesignated facility, a specific number of visits, days of coverage, days in a waiting period, scope or duration of treatment, or other similar limits;
- (2) Financial requirements and quantitative treatment limitations that do not comply with the Mental Health Parity and Addition 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 applies to all health insurance plans in the state.

Any treatment program must use American Society of Addiction Medicine (ASAM) criteria for patient placement and review of treatment and disclose the MAT services it provides.

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

The Department of Corrections, including 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.

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 an annual report to the DIFP.

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 a website a mechanism to explain the requirements of this bill and have a feedback process.