

1 S.225

2 Introduced by Senators Lyons, Ayer, and Sirotkin

3 Referred to Committee on Health and Welfare

4 Date: January 3, 2018

5 Subject: Human services; opioid use and addiction treatment; access to
6 prescribing information; reimbursement by commercial insurers for
7 medication-assisted treatment

8 Statement of purpose of bill as introduced: This bill proposes to enable
9 academic researchers to apply to the Department of Health for access to
10 otherwise confidential data from the Vermont Prescription Monitoring System.
11 It also proposes to require commercial health insurers to share costs associated
12 with the provision of medication-assisted treatment by certain providers.

13 ~~An act relating to access to Vermont Prescription Monitoring System data~~
14 ~~by academic researchers and coverage by commercial health insurers for~~
15 ~~costs associated with medication-assisted treatment.~~

*An act relating to pilot programs for coverage by commercial health
insurers of costs associated with medication-assisted treatment*

16 It is hereby enacted by the General Assembly of the State of Vermont:

17 ~~*** Vermont Prescription Monitoring System ***~~

18 Sec. 1. 18 V.S.A. § 4284 is amended to read:

19 § 4284. PROTECTION AND DISCLOSURE OF INFORMATION

20 ~~(a) The data collected pursuant to this chapter and all related information~~

1 ~~and records shall be confidential, except as provided in this chapter, and shall~~
2 not be subject to the Public Records Act. The Department shall maintain
3 procedures to protect patient privacy, ensure the confidentiality of patient
4 information collected, recorded, transmitted, and maintained, and ensure that
5 information is not disclosed to any person except as provided in this section.

6 * * *

7 (f)(1) The Department is authorized to use information from VPMS for
8 research, trend analysis, and other public health promotion purposes, provided
9 that data are aggregated or otherwise de-identified. The Department shall post
10 the results of trend analyses on its website for use by health care providers,
11 dispensers, and the general public. When appropriate, the Department shall
12 send alerts relating to identified trends to health care providers and dispensers
13 by electronic mail.

14 (2)(A) The Department may provide confidential disaggregated, de-
15 identified data from VPMS, with the approval of the Commissioner, to
16 academic researchers who present evidence of approval from an institutional
17 review board in accordance with 45 C.F.R. § 164.512. The Department shall
18 not release any data that could lead to the identification of a specific patient.

19 (B) The Commissioner shall adopt by rule pursuant to 3 V.S.A.
20 chapter 25 a process by which academic researchers may submit research
21 proposals and related data requests to the Commissioner for review. The rule

1 ~~shall identify the criteria on which the Commissioner's review and approval is~~
2 ~~based, including assurances of patient privacy.~~

3 * * *

4 * * * Health Insurance Coverage for Costs Associated with Medication-
5 Assisted Treatment in Spoke Practices * * *

6 Sec. 2. 18 V.S.A. § 4754 is added to read:

7 § 4754. HEALTH INSURER PARTICIPATION

8 (a) A health insurer shall make a monthly payment to physicians and
9 advanced practice registered nurses who are not affiliated with an authorized
10 treatment program but who meet federal requirements for use of controlled
11 substances in the pharmacological treatment of opioid addiction in order to
12 contribute to the shared costs of funding the licensed alcohol and drug
13 counselors and other medical professionals who support this work. These
14 contributions shall be required as a condition of the insurer's doing business in
15 the State. The amount of each insurer's contribution to each participating
16 physician or advanced practice registered nurse shall be determined by the
17 Commissioner of Vermont Health Access and shall be based on the number of
18 the insurer's enrollees receiving pharmacological treatment from the physician
19 or advanced practice registered nurse.

20 (b) As used in this section, "health insurer" means any health insurance
21 company, nonprofit hospital and medical service corporation, managed care

1 ~~organization, and to the extent permitted under federal law, any administrator~~
2 ~~of an insured, self-insured, or publicly funded health care benefit plan offered~~
3 ~~by public and private entities. The term shall include the administrator of the~~
4 ~~health benefit plan offered by the State of Vermont to its employees and the~~
5 ~~administrator of any health benefit plan offered by any agency or~~
6 ~~instrumentality of the State to its employees. The term shall not include stand-~~
7 ~~alone dental plans or benefit plans providing coverage for a specific disease or~~
8 ~~other limited benefit coverage.~~

9 * * * Effective Date * * *

10 Sec. 3. EFFECTIVE DATE

11 ~~This act shall take effect on July 1, 2018.~~

*Sec. 1. COSTS ASSOCIATED WITH MEDICATION-ASSISTED
TREATMENT; PILOT PROGRAMS*

(a) The Commissioner of Vermont Health Access shall develop pilot programs in which one or more health insurers contribute funding to providers who are not affiliated with an authorized treatment program but who meet federal requirements for use of controlled substances in the pharmacological treatment of opioid addiction in order to support the costs of funding licensed alcohol and drug counselors and other medical professionals who support this work. The Commissioner shall collaborate with one or more health insurers; a large, integrated federally qualified health center; and a multisite Blueprint community in carrying out the requirements of this section. The pilot programs shall:

(1) align with current Blueprint funding or other payment models that may be developed in consultation with stakeholders for opioid treatment programs and other providers who are not affiliated with an authorized treatment program but who meet federal requirements for use of controlled substances in the pharmacological treatment of opioid addiction;

(2) align with potential integration of Medicare funding into opioid treatment programs and other providers who are not affiliated with an

authorized treatment program but who meet federal requirements for use of controlled substances in the pharmacological treatment of opioid addiction; and

(3) be designed to allow the integration into accountable care organization funding.

(b) On or before January 15, 2019, the Commissioner shall report to the Senate Committee on Health and Welfare and House Committees on Health Care and on Human Services regarding the design and construction of the pilot programs and any recommendations for legislative action.

(c) As used in this section:

(1) "Health insurer" means any health insurance company, nonprofit hospital and medical service corporation, managed care organization, and to the extent permitted under federal law any administrator of an insured, self-insured, or publicly funded health care benefit plan offered by public and private entities. The term shall include the administrator of the health benefit plan offered by the State of Vermont to its employees and the administrator of any health benefit plan offered by any agency or instrumentality of the State to its employees. The term shall not include stand-alone dental plans or benefit plans providing coverage for a specific disease or other limited benefit coverage.

(2) "Provider" means physicians, advanced practice registered nurses, and physician assistants.

Sec. 2. EFFECTIVE DATE

This act shall take effect on July 1, 2018.