

## SENATE COMMITTEE SUBSTITUTE

FOR

SENATE BILL NO. 521

AN ACT

To repeal section 191.1165, RSMo, and to enact in lieu thereof one new section relating to medication-assisted treatment.

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*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Section 191.1165, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 191.1165, to read as follows:

191.1165. 1. Medication-assisted treatment (MAT) shall include pharmacologic therapies. A formulary used by a health insurer or managed by a pharmacy benefits manager, or medical benefit coverage in the case of medications dispensed through an opioid treatment program, shall include:

- (1) Buprenorphine [tablets];
- (2) Methadone;
- (3) Naloxone;
- (4) [Extended-release injectable] Naltrexone; and
- (5) Buprenorphine/naloxone combination.

2. All MAT medications required for compliance in this section shall be placed on the lowest cost-sharing tier of the formulary managed by the health insurer or the pharmacy benefits manager.

3. MAT medications provided for in this section shall not be subject to any of the following:

- (1) Any 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 (MHPAEA), specifically 45 CFR 146.136(c) (3);

(3) Step therapy or other similar drug utilization strategy or policy when it conflicts or interferes with a prescribed or recommended course of treatment from a licensed health care professional; and

(4) Prior authorization for MAT medications as specified in this section.

4. MAT medications outlined in this section shall apply to all health insurance plans delivered in the state of Missouri.

5. Any entity that holds itself out as a treatment program or that applies for licensure by the state to provide clinical treatment services for substance use disorders shall be required to disclose the MAT services it provides, as well as which of its levels of care have been certified by an independent, national, or other organization that has competencies in the use of the applicable placement guidelines and level of care standards.

6. The MO HealthNet program shall cover the MAT medications and services provided for in this section and include those MAT medications in its preferred drug lists for the treatment of substance use disorders and prevention of overdose and death. The preferred drug list shall include all current and new formulations and medications that are approved by the U.S. Food and Drug Administration for the treatment of substance use disorders.

7. The department of corrections and all other state entities responsible for the care of persons detained or incarcerated in jails or prisons shall be required to ensure all persons under their care are assessed for substance abuse disorders using standard diagnostic criteria by a social worker, licensed professional counselor, licensed psychologist, or psychiatrist. The department of corrections or entity shall make available the MAT services

covered in this section, consistent with a treatment plan developed by a physician, and shall not impose any arbitrary limitations on the type of medication or other treatment prescribed or the dose or duration of MAT recommended by the physician.

8. Drug courts or other diversion programs that provide for alternatives to jail or prison for persons with a substance use disorder shall be required to ensure all persons under their care are assessed for substance use disorders using standard diagnostic criteria by a licensed physician who actively treats patients with substance use disorders. The court or other diversion program shall make available the MAT services covered under this section, consistent with a treatment plan developed by the physician, and shall not impose any limitations on the type of medication or other treatment prescribed or the dose or duration of MAT recommended by the physician.

**[8.]** 9. Requirements under this section shall not be subject to a covered person's prior success or failure of the services provided.