

FIRST REGULAR SESSION

SENATE BILL NO. 521

101ST GENERAL ASSEMBLY

INTRODUCED BY SENATOR ROBERTS.

2497S.01I

ADRIANE D. CROUSE, Secretary

AN ACT

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

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

Section A. Section 191.1165, RSMo, is repealed and one
2 new section enacted in lieu thereof, to be known as section
3 191.1165, to read as follows:

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

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

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

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

- 17 (1) Any annual or lifetime dollar limitations;

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

18 (2) Financial requirements and quantitative treatment
19 limitations that do not comply with the Mental Health Parity
20 and Addiction Equity Act of 2008 (MHPAEA), specifically 45
21 CFR 146.136(c)(3);

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

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

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

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

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

47 7. **The department of corrections and all other state**
48 **entities responsible for the care of persons detained or**
49 **incarcerated in jails or prisons shall be required to ensure**

50 all persons under their care are assessed for substance
51 abuse disorders using standard diagnostic criteria by a
52 licensed physician who actively treats patients with
53 substance abuse disorders. The department of corrections or
54 entity shall make available the MAT services covered in this
55 section, consistent with a treatment plan developed by the
56 physician, and shall not impose any arbitrary limitations on
57 the type of medication or other treatment prescribed or the
58 dose or duration of MAT recommended by the physician.

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

71 [8.] 9. Requirements under this section shall not be
72 subject to a covered person's prior success or failure of
73 the services provided.

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