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| 1  |            | AN ACT relating to addiction treatment.   |
|----|------------|---|
| 2  | Be it      | t enacted by the General Assembly of the Commonwealth of Kentucky:                    |
| 3  |            | → Section 1. KRS 304.17A-611 is amended to read as follows:                           |
| 4  | <u>(1)</u> | A utilization review decision shall not retrospectively deny coverage for health care |
| 5  |            | services provided to a covered person when prior approval has been obtained from      |
| 6  |            | the insurer or its designee for those services, unless the approval was based upon    |
| 7  |            | fraudulent, materially inaccurate, or misrepresented information submitted by the     |
| 8  |            | covered person, authorized person, or the provider.                                   |
| 9  | <u>(2)</u> | For health benefit plans issued or renewed on or after the effective date of this     |
| 10 |            | section, an insurer shall not require or conduct a prospective or concurrent          |
| 11 |            | review for a prescription drug:   |
| 12 |            | (a) That:   |
| 13 |            | 1. Is used in the treatment of alcohol or opioid use disorder; and                    |
| 14 |            | 2. Contains Methadone, Buprenorphine, or Naltrexone; or                               |
| 15 |            | (b) That is approved by the United States Food and Drug Administration for            |
| 16 |            | the mitigation of opioid withdrawal symptoms.   |
| 17 |            | → Section 2. KRS 205.536 is amended to read as follows:                               |
| 18 | (1)        | A Medicaid managed care organization shall have a utilization review plan, as         |
| 19 |            | defined in KRS 304.17A-600, that meets the requirements established in 42 C.F.R.      |
| 20 |            | pts. 431, 438, and 456. If the Medicaid managed care organization utilizes a private  |
| 21 |            | review agent, as defined in KRS 304.17A-600, the agent shall comply with all          |
| 22 |            | applicable requirements of KRS 304.17A-600 to 304.17A-633.                            |
| 23 | (2)        | In conducting utilization reviews for Medicaid benefits, each Medicaid managed        |
| 24 |            | care organization shall use the medical necessity criteria selected by the Department |
| 25 |            | of Insurance pursuant to KRS 304.38-240, for making determinations of medical         |
| 26 |            | necessity and clinical appropriateness pursuant to the utilization review plan        |
| 27 |            | required by subsection (1) of this section.   |

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| 1   | <u>(3)</u> | The Department for Medicaid Services or any managed care organization            |
|-----|------------|--|
| 2   |            | contracted to provide Medicaid benefits pursuant to KRS Chapter 205 shall not    |
| 3   |            | require or conduct a prospective or concurrent review, as defined in KRS         |
| 4   |            | 304.17A-600, for a prescription drug:  |
| 5   |            | (a) That:  |
| 6   |            | 1. Is used in the treatment of alcohol or opioid use disorder; and               |
| 7   |            | 2. Contains Methadone, Buprenorphine, or Naltrexone; or                          |
| 8   |            | (b) That is approved by the United States Food and Drug Administration for       |
| 9   |            | the mitigation of opioid withdrawal symptoms.                                    |
| 10  |            | → SECTION 3. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304                    |
| 11  | IS C       | REATED TO READ AS FOLLOWS:   |
| 12  | <u>(1)</u> | As used in this section:   |
| 13  |            | (a) "Kentucky Board of Nursing" means the board established in KRS               |
| 14  |            | <u>314.121; and</u>  |
| 15  |            | (b) "State Board of Medical Licensure" means the board established in KRS        |
| 16  |            | <u>311.530.</u>  |
| 17  | <u>(2)</u> | For all claims made during the preceding plan year, an insurer shall annually    |
| 18  |            | report to the commissioner the number and type of providers that have prescribed |
| 19  |            | medication for addiction treatment to its insureds:                              |
| 20  |            | (a) In conjunction with behavioral therapy; and                                  |
| 21  |            | (b) Not in conjunction with behavioral therapy.                                  |
| 22  | <u>(3)</u> | The commissioner shall submit an annual written report, which shall include an   |
| 23  |            | executive summary, on the information reported under subsection (2) of this      |
| 24  |            | section to:  |
| 25  |            | (a) The General Assembly;  |
| 26  |            | (b) The State Board of Medical Licensure; and                                    |
| 2.7 |            | (c) The Kentucky Roard of Nursing  |

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| 1  | → Section 4. KRS 205.522 is amended to read as follows:                              |
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| 2  | (1) The Department for Medicaid Services and any managed care organization           |
| 3  | contracted to provide Medicaid benefits pursuant to this chapter shall comply with   |
| 4  | the provisions of KRS 304.17A-167, 304.17A-235, 304.17A-515, 304.17A-580,            |
| 5  | 304.17A-600, 304.17A-603, 304.17A-607, and 304.17A-740 to 304.17A-743, as            |
| 6  | applicable.  |
| 7  | (2) A managed care organization contracted to provide Medicaid benefits pursuant to  |
| 8  | this chapter shall comply with the reporting requirements of Section 3 of this Act.  |
| 9  | →SECTION 5. A NEW SECTION OF KRS CHAPTER 222 IS CREATED TO                           |
| 10 | READ AS FOLLOWS:   |
| 11 | (1) As used in this section, "third-party payor" means any person required to comply |
| 12 | with subsection (2) of Section 1 of this Act or subsection (3) of Section 2 of this  |
| 13 | Act.   |
| 14 | (2) Prior to the discharge of a patient that has received medication for addiction-  |
| 15 | treatment, the treating facility shall submit a written discharge plan to the        |
| 16 | patient, and the patient's third-party payor, if any, which shall describe           |
| 17 | arrangements for additional services needed following discharge.                     |
| 18 | → Section 6. Section 1 of this Act takes effect January 1, 2022.                     |

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