

1 AN ACT relating to addiction treatment.

2 ***Be it enacted by the General Assembly of the Commonwealth of Kentucky:***

3 ➔Section 1. KRS 304.17A-611 is amended to read as follows:

4 **(1)** 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 **(2)** ***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 was approved before the effective date of this section by the United***
16 ***States Food and Drug Administration for the mitigation of opioid***
17 ***withdrawal symptoms.***

18 ➔Section 2. KRS 205.536 is amended to read as follows:

19 (1) A Medicaid managed care organization shall have a utilization review plan, as
20 defined in KRS 304.17A-600, that meets the requirements established in 42 C.F.R.
21 pts. 431, 438, and 456. If the Medicaid managed care organization utilizes a private
22 review agent, as defined in KRS 304.17A-600, the agent shall comply with all
23 applicable requirements of KRS 304.17A-600 to 304.17A-633.

24 (2) In conducting utilization reviews for Medicaid benefits, each Medicaid managed
25 care organization shall use the medical necessity criteria selected by the Department
26 of Insurance pursuant to KRS 304.38-240, for making determinations of medical
27 necessity and clinical appropriateness pursuant to the utilization review plan

1 required by subsection (1) of this section.

2 **(3) To the extent consistent with the federal regulations referenced in subsection (1)**
 3 **of this section, the Department for Medicaid Services or any managed care**
 4 **organization contracted to provide Medicaid benefits pursuant to KRS Chapter**
 5 **205 shall not require or conduct a prospective or concurrent review, as defined in**
 6 **KRS 304.17A-600, for a prescription drug:**

7 **(a) That:**

8 **1. Is used in the treatment of alcohol or opioid use disorder; and**

9 **2. Contains Methadone, Buprenorphine, or Naltrexone; or**

10 **(b) That was approved before January 1, 2022 by the United States Food and**
 11 **Drug Administration for the mitigation of opioid withdrawal symptoms.**

12 ➔SECTION 3. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304
 13 IS CREATED TO READ AS FOLLOWS:

14 **(1) As used in this section:**

15 **(a) "Kentucky Board of Nursing" means the board established in KRS**
 16 **314.121; and**

17 **(b) "State Board of Medical Licensure" means the board established in KRS**
 18 **311.530.**

19 **(2) For all claims made during the preceding plan year, an insurer shall annually**
 20 **report to the commissioner the number and type of providers that have prescribed**
 21 **medication for addiction treatment to its insureds:**

22 **(a) In conjunction with behavioral therapy; and**

23 **(b) Not in conjunction with behavioral therapy.**

24 **(3) The commissioner shall submit an annual written report, which shall include an**
 25 **executive summary, on the information reported under subsection (2) of this**
 26 **section to:**

27 **(a) The General Assembly;**

1 **(b) The State Board of Medical Licensure; and**

2 **(c) The Kentucky Board of Nursing.**

3 ➔Section 4. KRS 205.522 is amended to read as follows:

4 **(1)** The Department for Medicaid Services and any managed care organization
5 contracted to provide Medicaid benefits pursuant to this chapter shall comply with
6 the provisions of KRS 304.17A-167, 304.17A-235, 304.17A-515, 304.17A-580,
7 304.17A-600, 304.17A-603, 304.17A-607, and 304.17A-740 to 304.17A-743, as
8 applicable.

9 **(2) A managed care organization contracted to provide Medicaid benefits pursuant to**
10 **this chapter shall comply with the reporting requirements of Section 3 of this Act.**

11 ➔SECTION 5. A NEW SECTION OF KRS CHAPTER 222 IS CREATED TO
12 READ AS FOLLOWS:

13 **(1) As used in this section, "third-party payor" means any person required to comply**
14 **with subsection (2) of Section 1 of this Act or subsection (3) of Section 2 of this**
15 **Act.**

16 **(2) Prior to the discharge of a patient that has received medication for addiction-**
17 **treatment, the treating facility shall submit a written discharge plan to the**
18 **patient, and the patient's third-party payor, if any, which shall describe**
19 **arrangements for additional services needed following discharge.**

20 ➔Section 6. In implementing Section 2 of this Act, if the Cabinet for Health and
21 Family Services or the Department for Medicaid Services determines that a waiver or any
22 other authorization is necessary to take advantage of all federal funds that may be
23 available, the cabinet or department shall:

24 (1) Within 90 days of the effective date of Section 2 of this Act, apply for the waiver or
25 authorization;

26 (2) Notify in writing the co-chairs of the Interim Joint Committee on Health, Welfare,
27 and Family Services within 2 business days of the submission of the application; and

1 (3) Pursuant to KRS 205.525, provide an update, on or before December 1, 2021, on
2 the status of the application to the Interim Joint Committee on Health, Welfare, and
3 Family Services.

4 ➔Section 7. Section 1 of this Act takes effect January 1, 2022.