2019 SENATE BILL XXX

January XX, 2019 – Introduced by Senators \_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, cosponsored by Representatives \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, Referred to Committee on Insurance.

AN ACT to create 632.891 of the statutes; relating to medication-assisted treatment.

*Analysis by the Legislative Reference Bureau*

Under current law, health benefit plans and group health benefit plans must provide mental health and substance use disorder benefits (called “nervous and mental disorders and alcoholism and other drug abuse problems” in section 632.89).

The bill establishes coverage requirements for medications for the treatment of substance use disorders.

*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

Section 1. 632.891 of the statutes is created to read:

632.891: MEDICATION-ASSISTED TREATMENT. (a) All insurers that issue health benefit plans or group health benefit plans that provide prescription medication benefits for the treatment of substance use disorders shall:

1. Not impose any prior authorization requirements on any prescription medication approved by the federal Food and Drug Administration (FDA) for the treatment of substance use disorders.

2. Not impose any step therapy requirements before the insurer will authorize coverage for a prescription medication approved by the FDA for the treatment of substance use disorders.

3. Place all prescription medications approved by the FDA for the treatment of substance use disorders on the lowest tier of the drug formulary developed and maintained by the insurer.

4. Shall not exclude coverage for any prescription medication approved by the FDA for the treatment of substance use disorders and any associated counseling or wraparound services on the grounds that such medications and services were court ordered.

(b) DEFINITIONS. In this section:

1. “Group health benefit plan" means a health benefit plan that is issued by an insurer to or through an employer on behalf of a group consisting of at least 2 employees or a group including at least 2 eligible employees. The term includes individual health benefit plans covering eligible employees when 3 or more are sold to or through an employer.

2. “Health benefit plan" means any hospital or medical policy or certificate.

3. “Insurer" means an insurer that is authorized to do business in this state, in one or more lines of insurance that includes health insurance, and that offers health benefit plans covering individuals in this state or eligible employees of one or more employers in this state. The term includes a health maintenance organization, a preferred provider plan, as defined in s. 609.01 (4), an insurer operating as a cooperative association organized under ss. 185.981 to 185.985 and a limited service health organization, as defined in s. 609.01 (3).

4. “Substance use disorder” means any condition or disorder that involves a substance use disorder that falls under any of the diagnostic categories listed in the mental disorders section of the current edition of the International Classification of Disease or that is listed in the mental disorders section of the most recent version of the Diagnostic and Statistical Manual of Mental Disorders.

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