

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Substitute for Senate Committee Substitute for
2 Senate Bill No. 43, Page 42, Section 190.257, Line 43, by inserting after all of said section and line
3 the following:
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5 "191.1165. 1. Medication-assisted treatment (MAT) shall include pharmacologic therapies.
6 A formulary used by a health insurer or managed by a pharmacy benefits manager, or medical
7 benefit coverage in the case of medications dispensed through an opioid treatment program, shall
8 include:

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

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

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

- 18 (1) Any annual or lifetime dollar limitations;
- 19 (2) Financial requirements and quantitative treatment limitations that do not comply with
20 the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), specifically 45 CFR
21 146.136(c)(3);
- 22 (3) Step therapy or other similar drug utilization strategy or policy when it conflicts or
23 interferes with a prescribed or recommended course of treatment from a licensed health care
24 professional; and
- 25 (4) Prior authorization for MAT medications as specified in this section.

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

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

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

Action Taken _____ Date _____

Administration for the treatment of substance use disorders.

7. Subject to appropriations, the department of corrections and all other state entities responsible for the care of persons detained or incarcerated in jails and prisons shall be required to ensure all persons under their care are assessed for substance use disorders using standard diagnostic criteria by a social worker; professional counselor; licensed psychologist; psychiatrist; or qualified addiction professional as defined by the department of mental health within the scope of practice for which he or she is credentialed. The department of corrections or entity shall make available the MAT services covered in this section, consistent with a treatment plan developed by the 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."; and

Further amend said bill, Page 59, Section 579.076, Line 12, by inserting after all of said section and line the following:

"Section 1. The Missouri Dental Board may collaborate with the Department of Health and Senior Services and the Office of Dental Health and may approve pilot projects to examine new methods to extend care to underserved populations. These pilot projects may employ techniques or approaches to care that are outside existing statutes and rules provided:

(1) The project plan has a clearly stated objective of serving a specific underserved population that warrants, in the opinion of a majority of the Board, granting approval for a pilot project;

(2) The project has a finite start date and termination date;

(3) The project clearly defines the new techniques or approaches it intends to examine to determine if it results in an improvement in access or quality of care;

(4) The project plan identifies specific and limited locations and populations to participate in the pilot project;

(5) The project plan clearly establishes minimum guidelines and standards for the pilot project including provisions for protecting safety of participating patients;

(6) The project plan clearly defines the measurement criteria it will use to evaluate the outcomes of the pilot project on access and quality of care; and

(7) The project plan identifies reporting intervals to communicate interim and final outcomes to the board."; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.