Addiction Treatment and Recovery Legislation

- Requires all MassHealth Managed Care Entities (MCEs) to cover the cost of detox (Acute Treatment Services (ATS)) without prior authorization.

- Requires all MassHealth MCEs to cover up to 14 days of step-down detox (Clinical Stabilization Services (CSS)) without prior authorization. Utilization review procedures may be initiated on day 7.

- Requires both commercial insurers and the GIC to cover up to 14 days of detox (ATS) and step-down detox (CSS) services without prior authorization. Utilization review procedures may be initiated at day 7.

- Requires MassHealth MCEs, commercial insurers and the GIC to defer to the treating clinician for medical necessity criteria.

- Requires MassHealth MCEs, the GIC, and commercial insurers to reimburse for addiction treatment services delivered by a Licensed Alcohol and Drug Counselor (LADC 1).

- The mandated benefits listed above are effective October 1, 2015.

- Removes prior authorization for any addiction treatment service if the provider is certified and licensed by the Department of Public Health (DPH).

- Directs the Center for Health Information and Analysis (CHIA) to review the accessibility of addiction treatment and the adequacy of insurance coverage and tasks the Health Policy Commission with recommending policies to ensure access and coverage to addiction treatment.

- Directs CHIA to review denial rates for addiction treatment coverage by commercial insurers.

- Amends the Drug Formulary Commission by adding appointments from DPH, Medicaid, the Department of Insurance and individuals with experience in biologics, addiction medicine and treatment of chronic pain.

- Requires the Drug Formulary Commission to prepare a drug formulary of chemically equivalent substitutions for opiates determined to have a heightened level of public health risk due to the drug's potential for abuse.

- Requires a pharmacist to dispense an interchangeable abuse deterrent drug unless a physician has indicated that a substitution should not be made. Insurance carriers are required to cover abuse deterrent drugs equal to non-abuse deterrent drugs.
- Authorizes the Commissioner of DPH to schedule a substance as Schedule 1 for up to one year if it possess an imminent hazard to public safety and is not already listed in a different schedule.

- Requires the Chief Medical examiner to file a report with the FDA’s MedWatch Program and DPH when a death is caused by a controlled substance and directs DPH to review the Prescription Monitoring Program (PMP) upon receiving a report.

- Requires an opioid treatment program that is not otherwise licensed and has more than 300 patients receiving medication assisted drug therapies by physicians who are not members of the practice to be licensed by DPH. DPH is also requires to issue best practices related to medication assisted therapy.

- Requires DPH to report to the Legislature on whether doctors are using the PMP, the number of physicians and pharmacist violations and their outcomes and recommendations on how to improve the use of the Program’s data and how to prevent the diversion of prescription drugs.

- Creates a commission to review prescription painkiller limitations by insurance carriers and report recommendations and proposed legislation to the Legislature.

- Requires DPH to list locations of prescription drug drop boxes on their website and submit a list of counties without a prescription drug drop box to the Legislature.

- Requires acute hospitals to report on a monthly basis the number of infants born exposed to a controlled substance and hospitalizations caused by the ingestion of a controlled substance to DPH.