## ASSEMBLY, No. 4744

# STATE OF NEW JERSEY

### 218th LEGISLATURE

INTRODUCED DECEMBER 3, 2018

**Sponsored by:** 

Assemblyman LOUIS D. GREENWALD
District 6 (Burlington and Camden)
Assemblyman JOHN ARMATO
District 2 (Atlantic)
Assemblywoman VALERIE VAINIERI HUTTLE
District 37 (Bergen)

#### **Co-Sponsored by:**

Assemblyman A.M.Bucco, Assemblywomen Downey, Swain, Assemblymen Karabinchak, Chiaravalloti and Assemblywoman Pinkin

#### **SYNOPSIS**

Requires DHS to ensure medication assisted treatment benefits under Medicaid program are provided without the imposition of prior authorization requirements.



(Sponsorship Updated As Of: 2/1/2019)

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1	AN ACT con	cernii	ng medication as	ssisted treat	ment fo	or substance	use
2	disorders	and	supplementing	P.L.1968,	c.413	(C.30:4D-1	et
3	seq.).						

**BE IT ENACTED** by the Senate and General Assembly of the State of New Jersey:

- 1. a. Notwithstanding any State law or regulation to the contrary, the Department of Human Services shall ensure that the provision of benefits for medication assisted treatment to eligible persons under the Medicaid program, established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.), shall be provided without the imposition of any prior authorization requirements or other prospective utilization management requirements, provided that the treatment is prescribed by a licensed medical practitioner who is authorized to prescribe methadone, buprenorphine, and naltrexone and provided by a licensed health care professional or a licensed or certified substance use disorder provider in a licensed or otherwise State-approved facility, as required by the laws of the state in which
  - b. As used in this Act:

the treatment is rendered.

"Medication assisted treatment" means the use of methadone, buprenorphine, and naltrexone to provide a comprehensive approach to the treatment of substance use disorders.

"Substance use disorder" is as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition and any subsequent editions and shall include substance use withdrawal.

2. The Commissioner of Human Services shall apply for such State plan amendments or waivers as may be necessary to implement the provisions of this act and to secure federal financial participation for State Medicaid expenditures under the federal Medicaid program.

3. The Commissioner of Human Services, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and regulations necessary to implement the provisions of this act.

4. This act shall take effect on the 90<sup>th</sup> day next after enactment.

#### STATEMENT

This bill requires the Department of Human Services to ensure that the provision of benefits for medication assisted treatment to eligible persons under the Medicaid program, established pursuant to

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1 P.L.1968, c.413 (C.30:4D-1 et seq.), are provided without the 2 imposition of any prior authorization requirements or other prospective 3 utilization management requirements, provided that the treatment is 4 prescribed by a licensed medical practitioner who is authorized to 5 prescribe methadone, buprenorphine, and naltrexone and provided by a licensed health care professional or a licensed or certified substance 6 7 use disorder provider in a licensed or otherwise State-approved 8 facility, as required by the laws of the state in which the treatment is 9 rendered.

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As defined in the bill, "medication assisted treatment" means the use of methadone, buprenorphine, and naltrexone to provide a comprehensive approach to the treatment of substance use disorders. The bill defines "substance use disorder" as defined in the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition and any subsequent editions and shall include substance use withdrawal.

The science of addiction medicine is increasingly finding that 17 18 substance use disorders can be most effectively treated with 19 medication assisted treatment. As indicated in the bill, some of the 20 medications used in such treatments include methadone. buprenorphine, and naltrexone. Generally, methadone and 21 22 buprenorphine are used to lessen withdrawal symptoms from 23 opioids, while naltrexone prevents the effects of any opioids taken 24 during the withdrawal period. Requiring prior preauthorization to 25 administer these drugs, however, may delay treatment for several 26 days, thereby potentially missing the opportunity to intervene with 27 patients struggling with addiction. This bill aims to remove such an 28 access barrier to the treatment of opioid dependency for Medicaid 29 recipients.