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.

CURRENT VERSION OF TEXT
As introduced.

(Sponsorship Updated As Of: 2/1/2019)
AN ACT concerning medication assisted treatment for substance use disorders and supplementing P.L.1968, c.413 (C.30:4D-1 et 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 the treatment is rendered.

b. As used in this Act:

“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 90th 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
P.L.1968, c.413 (C.30:4D-1 et seq.), are 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 the treatment is rendered.

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 substance use disorders can be most effectively treated with medication assisted treatment. As indicated in the bill, some of the medications used in such treatments include methadone, buprenorphine, and naltrexone. Generally, methadone and buprenorphine are used to lessen withdrawal symptoms from opioids, while naltrexone prevents the effects of any opioids taken during the withdrawal period. Requiring prior preauthorization to administer these drugs, however, may delay treatment for several days, thereby potentially missing the opportunity to intervene with patients struggling with addiction. This bill aims to remove such an access barrier to the treatment of opioid dependency for Medicaid recipients.