



(A) Short Title. This Act shall be known as the “Equal Coverage of Diversion-Resistant Medication for the Treatment of Opioid Use Disorder Act.”

(B) Preamble. In 2015, there were [number] opioid-overdose-related deaths in [state]. Medications approved by the U.S. Food and Drug Administration are an important part of a comprehensive plan to treat individuals with opioid use disorders. Some individuals have diverted, misused, or abused medications for the treatment of opioid dependence, creating significant public health and safety concerns. Reducing prescription drug diversion, misuse, and abuse is a high public health priority.

Medication that is formulated to be administered by a health care provider and not dispensed to patients is inherently resistant to common types of diversion, such as post-dispensing theft or sharing. [State name] recognizes the need to eliminate barriers to diversion-resistant medications for the treatment of opioid use disorder as an important step in reducing the opioid overdose epidemic.

(C) Purpose. The purpose of this Act is to ensure that third-party payers provide coverage of a diversion-resistant medication for the treatment of opioid use disorder equal to coverage of a self-administered medication, and to prohibit third-party payers from requiring a covered person to use a self-administered medication before providing coverage of a diversion-resistant medication.

(D) Definitions.

- (1) “Covered person” shall mean a policyholder, subscriber, enrollee, or other individual participating in a health insurance plan.
- (2) “Diversion-resistant medication” shall mean a drug product approved by the U.S. Food and Drug Administration that is administered to a patient, by injection or implant insertion, by a health care provider.
- (3) “Health care provider” shall mean a physician or other health care practitioner licensed, registered, accredited, or certified to prescribe narcotic drugs to individuals for maintenance treatment or detoxification of opioid dependence as authorized by 21 U.S.C. § 823(g)(2) and applicable state law.
- (4) “Health insurance plan” shall mean a policy, contract, certificate, or agreement entered into, offered, or issued by a third-party payer to provide, deliver, arrange for, pay for, or reimburse prescription drugs, health care services, and other covered health care benefits.
- (5) “Out-of-pocket costs” shall mean any coverage copayment, coinsurance, deductible, or other out-of-pocket expense requirement.
- (6) “Medication for the treatment of opioid use disorder” is defined as drug product approved by the U.S. Food and Drug Administration for the detoxification or

maintenance of opioid dependence.

- (7) "Prior authorization" means the approval process used by a third-party payer before certain drug benefits or health care services may be covered.
- (8) "Self-administered medication" shall mean a drug product approved by the U.S. Food and Drug Administration that is not administered to a patient by a health care provider, including but not limited to oral medications.
- (9) "Third-party payer" shall mean a health insurer; third-party administrator; carrier; plan sponsor; prescription drug benefit manager; nonprofit hospital service corporation; medical service corporation; prepaid limited health service organization; health maintenance organization; preferred provider organization; provider-sponsored network; state government payer, including, but not limited to, Medicaid and the public employees insurance agency; or any other party that administers a fully-insured plan and is contractually obligated to provide coverage or a health insurance plan to pay for covered health care services or prescription drug benefits rendered to covered persons.

(E) Required coverage.

- (1) All third-party payers that offer health insurance plans that cover medication for the treatment of opioid use disorder shall provide coverage, without prior authorization, for all diversion-resistant medications prescribed by the for the treatment of opioid use disorder on a basis no less favorable than that which it provides coverage for a self-administered medication for the treatment of opioid use disorder.
- (2) Out-of-pocket costs for diversion-resistant medications for the treatment of opioid use disorder shall not exceed the lowest cost-sharing level applied to brand name self-administered medication for the treatment of opioid use disorder covered under the same health insurance plan.
- (3) A health insurance plan shall not be deemed to be in compliance with paragraph (E), subparagraph (2) by increasing the out-of-pocket costs required for a self-administrated medication for the treatment of opioid use disorder that is covered under the health insurance plan.
- (4) A third-party payer shall not require a covered person to use a self-administered medication for the treatment of opioid use disorder before providing coverage of a diversion-resistant medications.