Spotlight on Legislation Limiting the Use of Prior Authorization for Substance Use Disorder Services and Medications

An Analysis of Private and Public Insurance Standards

LEGAL ACTION CENTER

Partnership to End Addiction

TABLE OF CONTENTS

Executive Summary

Health plans routinely require patients to obtain approval (called prior authorization) for a prescribed health service or medication as a way to control costs and oversee coverage decisions. Prior authorization requirements impose a unique barrier for individuals seeking substance use disorder (SUD) treatment; they delay the initiation of care at the critical moment when an individual needs treatment, which places the patient at risk of continued substance use, medical complications, overdose and death. Historically, health plans have required prior authorization for SUD services and medications more frequently than other medical services. The discriminatory use of prior and continuing authorizations is barred under the Mental Health Parity and Addiction Equity Act.

In response to the opioid epidemic, State lawmakers have stepped in to require system-wide removal of some prior authorization requirements. This *Spotlight on Prior Authorization* examines state statutory standards that limit the use of prior authorization in both public and private insurance. These standards supplement state regulatory actions that remove or restrict use of prior authorization requirements.

Key Findings:

- As of April 20, 2020, 21 states and the District of Columbia have enacted laws that limit public and/or private insurers from imposing prior authorization requirements on a SUD service or medication. Since 2019 alone, 15 jurisdictions enacted such laws.

- Seventeen (17) states have laws that limit state-regulated commercial plans from imposing prior authorization on *SUD medications*, and 13 states and the District of Columbia limit Medicaid from doing so.

- Ten (10) states limit state-regulated commercial plans from imposing prior authorization on *SUD services*, and 5 states limit Medicaid's use of prior authorization for such services.

These state laws establish a patchwork of standards that do not protect all patients. Some regulate prior authorization for just opioid use disorder treatments, some remove prior authorization for "at least one" opioid use medication, others for all FDA-approved SUD medications. While research on the effect of removing prior authorization requirements for SUD medications and services is on-going, new research demonstrates that removing prior authorization for buprenorphine-naloxone increases the use of this medication and reduces hospitalizations and emergency department visits for SUD and other health conditions.

The *Spotlight* recommends that, absent strong regulatory or other action to ensure prompt access to SUD treatment, states should enact legislation to limit the use of prior authorization for all SUD services and FDA-approved formulations of SUD medications.

Introduction

Health plans commonly require a patient's provider to obtain approval from the health plan before a patient receives a heath care benefit; a practice known as prior authorization. Health insurers and State Medicaid programs rely on this utilization management practice to both control costs and ensure that care is medically necessary. Prior authorization imposes a unique barrier on individuals with substance use disorders (SUDs). Engaging and retaining patients in SUD treatment can be difficult because addiction affects the parts of the brain responsible for motivation and decision-making, creating narrow and shifting windows in which a patient is motivated to engage in treatment. Requesting and obtaining prior authorization can impose delays in the initiation of care, which can lead to serious consequences for the patient, including failing to return for subsequent appointments, resuming substance use, medical complications, overdose and death.[i]

In response to the enduring opioid epidemic and the persistently low number of individuals engaged in SUD treatment, policymakers are seeking to increase access to care by reducing insurance coverage barriers. Increasingly, policymakers are limiting public and private insurers from imposing prior authorization requirements on SUD services and/or medications.

Prior Authorization Laws

As of April 20, 2020, 21 states and the District of Columbia have enacted laws limiting public and/or private insurers from imposing prior authorization requirements on a SUD service or medication. Delaware, Illinois, Maine and Washington are the only states with laws that limit prior authorization for SUD services and medications in both Medicaid and commercial plans. Since January 2019 alone, 14 states and the District of Columbia enacted legislation limiting the use of prior authorization for SUD services and/or medications.

- Eleven states have laws that apply to both Medicaid and commercial plans; seven states have enacted laws applicable to commercial plans alone; and three states and the District of Columbia have enacted laws applicable to Medicaid alone.
- Twenty states and the District of Columbia limit the use of prior authorization for SUD medications, with nearly half of the state laws specific to medications for opioid use disorder (OUD).
- Ten states limit prior authorization for SUD services, and three of those states specifically limit prior authorization for the services used in medication-assisted treatment (MAT), such as counseling and behavioral therapy.

States have adopted a range of standards in limiting prior authorization for medications. Some states limit prior authorization for at least one SUD or OUD medication. Others require any FDA-approved SUD medication on the plan's formulary or preferred drug list to be covered without prior authorization. Finally, some states limit prior authorization for a specified time period or limit prior authorization requests to one per year.

For services, some states limit prior authorization for inpatient and/or outpatient services delivered by state licensed/certified providers/facilities, while others limit prior authorization or concurrent review for a specified time period for certain services. Some states limit prior authorization only for services provided in medication-assisted treatment (MAT), such as behavioral therapy and counseling. See Exhibit A for a full survey of state laws.

Non-Legislative Strategies to Reduce Prior Authorization

Policymakers have also used non-legislative action to reduce the use of prior authorization for SUD medications. State Attorneys General in California and Minnesota have urged insurers to remove prior authorization requirements for OUD medications.[ii] In settlement agreements with the New York Attorney General, national carriers agreed to stop imposing prior authorization for OUD medications.[iii] In Pennsylvania and Rhode Island, the insurance commissioners entered into agreements with commercial plans to remove prior authorization requirements for OUD medications.[iv]

States can remove prior authorization for medications in their Medicaid programs through informal regulatory actions, such as removing authorization requirements on the fee-for-service preferred drug list or by issuing guidance.[v] In 2018, the Centers for Medicare & Medicaid Services issued guidance instructing Medicare prescription drug plans to limit utilization management, including prior authorization, for buprenorphine medications.[vi]

Prior Authorization and Parity

In addition to specific state laws and policies that limit the use of prior authorization, such standards may violate the Mental Health Parity and Addiction Equity Act (Parity Act) if a plan imposes prior authorization requirements on SUD benefits that are not comparable to those imposed on medical benefits or if the application of the prior authorization requirement is

more restrictive than those requirements for medical benefits.[vii] For example, private and public health plans that impose prior authorization for methadone treatment services for OUD but do not require authorization for methadone when prescribed for pain are likely to violate the Parity Act.[viii] The Massachusetts Attorney General has investigated carrier authorization requirements for SUD and mental health (MH) services for Parity Act compliance and has entered settlement agreements that require health plans to remove prior authorization for inpatient admissions following emergency department stabilization of MH conditions, routine behavioral health outpatient services, and inpatient and outpatient SUD services, as required under state law.[ix]

Recommendations

1. States should pass legislation to limit the use of prior authorization for SUD services and medications in Medicaid and commercial plans. States should apply these laws to all SUD services and all FDA-approved SUD medications so that protections are not limited to individuals who seek care for OUD.
2. Consistent with its Medicare prescription drug guidance, CMS should issue guidance to State Medicaid Directors directing removal of prior authorization for all FDA-approved formulations of medications to treat SUD, unless the State provides justification to CMS for requiring prior authorization for specific medications.[x] CMS's guidance should apply to all FDA-approved medications for SUDs.

Conclusion

Prior authorization requirements for evidence-based SUD benefits (including FDA-approved medications and services consistent with the ASAM levels of care) are not clinically appropriate and create unnecessary barriers for patients and providers. Policy interventions are needed to increase access to effective and affordable care and reduce unnecessary deaths from addiction, a preventable and treatable disease. Requiring health plans and Medicaid programs to limit prior authorization requirements for SUD benefits is an effective way to increase coverage. In response to CMS's guidance instructing Medicare plans to limit utilization management of buprenorphine products, nearly all plans that covered buprenorphine medications removed prior authorization requirements.[xi] Yet, in the absence of federal or state requirements, prior authorization requirements persist. A recent examination found a majority of state Medicaid programs impose prior authorization standards for some or all buprenorphine medications.[xii]

States should reexamine their prior authorization requirements based on recent research that finds that Medicare prescription drug plans that removed prior authorization for buprenorphine-naloxone saw an *increase* in the use of the medication as well as a *decrease* in hospitalizations and emergency department visits for all medical conditions.[xiii] For plans that *added* prior authorization requirements, patients *decreased* their use of buprenorphine-naloxone and *increased* their emergency department visits and hospitalizations. Overall, the removal of prior authorization resulted in a 4% decrease in non-drug health expenditures, including hospitalizations and emergency department visits for all health conditions, and prescription drug expenditures for buprenorphine increased by only 1%. Reducing barriers to OUD medication improved health outcomes and resulted in cost-savings to Medicare plans. These findings are consistent with research for other chronic diseases that finds such requirements limit access to care and contribute to poor treatment outcomes.[xiv] States that have not yet adopted legislation, regulations or policies to limit health plans from using prior authorization should do so to help increase access to life-saving care and reduce health care costs.

Acknowledgements

This work was funded, in part, with generous support from Arnold Ventures.

EXHIBITS

Exhibit A: Limitations on Use of Prior Authorization for Substance Use Disorder (SUD) Benefits

Fifty-State Survey of State Laws Limiting Prior Authorization for SUD Treatment Services and Medications
(Updated: April 20, 2020)

Laws Limiting Prior Authorization for SUD Medications or Services in Medicaid and State-Regulated Commercial Insurance

- Twenty-one (21) states and the District of Columbia limit Medicaid or commercial plans from imposing prior authorization on SUD medications or services: Arizona; Arkansas; Colorado; Delaware; Illinois; Iowa; Maine; Maryland; Massachusetts; Missouri; Montana; New Hampshire; New Jersey; New York; Oregon; Texas; Vermont; Virginia; Washington; West Virginia; and Wisconsin.
- Eleven (11) states limit prior authorization in both Medicaid and commercial plans: Arkansas; Colorado; Delaware; Illinois; Maine; Massachusetts; Missouri; New Jersey; New York; Oregon; and Washington.
- Seven (7) states limit prior authorization in commercial plans only: Arizona; Maryland; Montana; New Hampshire; Vermont; Virginia; and West Virginia.
- Three (3) states and the District of Columbia limit prior authorization in Medicaid only: District of Columbia; Iowa; Texas; and Wisconsin.
- Delaware, Illinois, Maine and Washington are the only states that limit both Medicaid and commercial health plans from imposing prior authorization on both SUD services and medications.

Laws Limiting Prior Authorization for SUD Medications in Medicaid

- Thirteen (13) states and the District of Columbia limit Medicaid from imposing prior authorization requirements on SUD medications: Arkansas; Colorado; Delaware; District of Columbia; Illinois; Iowa; Maine; Missouri; New Jersey; New York; Oregon; Texas; Washington; and Wisconsin.
- Seven (7) of the 14 jurisdictions address medications for Opioid Use Disorder (OUD) alone: Arkansas; District of Columbia; Iowa; Maine; New York; Washington; and Wisconsin.

Laws Limiting Prior Authorization for SUD Medications in Commercial Insurance

- Seventeen (17) states limit commercial health plans from imposing prior authorization requirements on SUD medications: Arizona; Arkansas; Colorado; Delaware; Illinois; Maine; Maryland; Missouri; Montana; New Hampshire; New Jersey; New York; Oregon; Vermont; Virginia; Washington; and West Virginia.
- Eight (8) of the 17 states address medications for Opioid Use Disorder alone: Arkansas; Maine; Maryland; Missouri; Montana; New York; Oregon; and Washington.

Laws Limiting Prior Authorization for SUD Services in Medicaid

- Five (5) states limit Medicaid from imposing prior authorization requirements on SUD services: Delaware; Illinois; Maine; Massachusetts; and Washington.

Laws Limiting Prior Authorization for SUD Services in Commercial Insurance

- Ten (10) states limit commercial health plans from imposing prior authorization requirements on SUD services: Arizona, Delaware; Illinois; Maine; Massachusetts; New Hampshire; New Jersey; New York; Vermont; and Washington.
- Three (3) states address services only when provided in medication-assisted treatment (MAT): Arizona; Maine; and Vermont.

Laws Enacted in 2019-April 2020

- Since January 2019, 14 states and the District of Columbia have enacted laws limiting Medicaid and/or commercial plans from imposing prior authorization on SUD medications or services: Arkansas; Colorado; Delaware; District of Columbia; Iowa; Maine; Missouri; Montana; New Jersey; New York; Oregon; Texas; Vermont; Virginia; and Washington.

State	Commercial Plans		Medicaid Plans	
	SUD Services	SUD Medications	SUD Services	SUD Medications
Alabama	N/A	N/A	N/A	N/A
Alaska	N/A	N/A	N/A	N/A

State	Commercial Plans		Medicaid Plans	
	SUD Services	**SUD Medications**	**SUD Services**	**SUD Medications**
Arizona	Health care services plan must make at least one modality of medication-assisted treatment available without prior authorization. (ARIZ. REV. STAT. § 20-3402(B) (2018)) Medication-assisted treatment is defined as the use of FDA-approved medications, "in combination with counseling and behavioral therapies," for patients with SUD. (ARIZ. REV. STAT. § 32-3201.01 (2018))	Health care services plan must make at least one modality of medication-assisted treatment available without prior authorization. (ARIZ. REV. STAT. § 20-3402(B) (2018)) Medication-assisted treatment is defined as the use of FDA-approved medications, "in combination with counseling and behavioral therapies," for patients with SUD. (ARIZ. REV. STAT. § 32-3201.01 (2018))	N/A	N/A
Arkansas	N/A	Health care insurers may not require prior authorization for buprenorphine, naltrexone, methadone or naloxone. (**HB 1656** signed into law April 12, 2019; effective immediately as emergency legislation; ARK. CODE ANN. § 23-99-1119(a)(1) (2019)) Prior authorization permitted for injectable formulations. (ARK. CODE ANN. § 23-99-1119(a) (2019))	N/A	Medicaid program may not require prior authorization for buprenorphine, naltrexone, methadone or naloxone designated as preferred drugs on the PDL (at least one of each of the drugs must be designated as preferred or without prior authorization). (**HB 1656** signed into law April 12, 2019; effective immediately as emergency legislation, but Medicaid Program has until Jan. 1, 2020 to

State	Commercial Plans		Medicaid Plans	
	SUD Services	SUD Medications	SUD Services	SUD Medications
		Prior authorization may be required for new FDA-approved formulations/ medications if more expensive and less effective than existing formulations. (ARK. CODE ANN. § 23-99-1119(c) (2019))		comply; ARK. CODE ANN. § 23-99-1119(b), (g) (2019)) Prior authorization permitted for injectable formulations. (ARK. CODE ANN. § 23-99-1119(a) (2019)) Prior authorization may be required for new FDA-approved formulations/ medications if more expensive and less effective than existing formulations. (ARK. CODE ANN. § 23-99-1119(c) (2019))
California	N/A	N/A	N/A	N/A
Colorado	N/A	Once in a 12-month period, health benefit plans must cover a 5-day supply of at least one FDA-approved OUD treatment medication, without prior authorization. (COLO. REV. STAT. § 10-16-104(5.5)(III)(B) (2018)) Carriers may not impose prior authorization for any FDA-approved SUD medications on	N/A	At least one form of naloxone must be covered by Medicaid, without prior authorization (COLO. REV. STAT. § 25.5-5-509 (2018)) Medicaid managed care plans may not require prior authorization for any FDA-approved medications for SUD covered by the plan. (HB 19-

State	Commercial Plans		Medicaid Plans	
	SUD Services	SUD Medications	SUD Services	SUD Medications
		the plan's formulary. (HB 19-1269, § 10, signed by Governor May 16, 2019; COLO. REV. STAT. § 10-16-148 (2019))		1269, § 15, signed by Governor May 16, 2019; COLO. REV. STAT. § 25.5-5-422)
Connecticut	N/A	N/A	N/A	N/A
Delaware	Carriers may not impose prior authorization for the diagnosis and treatment of drug and alcohol dependencies, including inpatient treatment. (DEL. CODE ANN. tit. 18, §§ 3343(d)(1)(b); 3578(d)(1)(b) (2018)) Limitations also on the use of concurrent review for inpatient treatment (14 days); intensive outpatient (30 days); inpatient withdrawal (5 days) w/ notification to the carrier and use of American Society of Addiction (ASAM) criteria. (DEL. CODE ANN. tit. 18, §§ 3343(d)(1)(d); 3578(d)(1)(d) (2018))	Health benefit plans must cover a 5-day emergency supply of medications for treatment of drug and alcohol dependencies, including medications for OUD and naloxone, without prior authorization. (DEL. CODE ANN. tit. 18, §§ 3343(b)(2)(a) and (b); 3578(b)(2)(a) and (b) (2018)) Carriers may not impose prior authorization requirements on buprenorphine, naltrexone, naloxone and buprenorphine/ naloxone. (HB 220, signed by Governor Aug. 13, 2019; DEL. CODE ANN. tit. 18, §§ 3571X(d)(1); 3343(d)(1)(b) (2019))	Medicaid plans may not impose prior authorization on the diagnosis and treatment of drug and alcohol dependencies, including inpatient treatment. (DEL. CODE ANN. tit. 31, § 525(d)(1)(b)(2018)) Limitations also on the use of concurrent review for inpatient treatment (14 days); intensive outpatient (30 days); inpatient withdrawal (5 days) w/ notification to the carrier and use of ASAM criteria. (DEL. CODE ANN. tit. 31, § 525(d)(1)(c) (2018))	Medicaid plans must cover a 72-hour emergency supply of medications for the treatment of drug and alcohol dependencies, including medications for OUD and naloxone, without prior authorization. (DEL. CODE ANN. tit. 31, § 525(b)(2)(2018))

State	Commercial Plans		Medicaid Plans	
	SUD Services	SUD Medications	SUD Services	SUD Medications
District of Columbia	N/A	N/A	N/A	Medicaid must cover medication-assisted treatment for treatment of SUDs without prior authorization. (DC Law 22-242, enacted in 2019; D.C. CODE § 31-3175.05(b) (2019)) Medication-assisted treatment is defined as "the use of opioid addiction medications to treat substance use disorders." (DC Law 22-242; D.C. CODE § 31-3175.01(8) (2019)) Policy 19-001 (2019) implements these requirements for buprenorphine and Vivitrol.
Florida	N/A	N/A	N/A	N/A
Georgia	N/A	N/A	N/A	N/A
Hawaii	N/A	N/A	N/A	N/A
Idaho	N/A	N/A	N/A	N/A
Illinois	Insurers may not impose prior authorization for intensive outpatient (ASAM 2.1); partial	Individual and group health plans may not require prior authorization for FDA-approved	Medicaid managed care plans may not impose prior authorization for intensive	Prior authorization is prohibited on all "FDA-approved forms of medication-assisted treatment"

State	Commercial Plans		Medicaid Plans	
	SUD Services	**SUD Medications**	**SUD Services**	**SUD Medications**
	hospitalization (ASAM 2.5); residential (ASAM 3.1, 3.3 and 3.5); inpatient (ASAM 3.7) and opioid maintenance therapy. Providers must notify the health plan of treatment initiation. (215 ILL. COMP. STAT. 5/370c(g)(3) (2019))	SUD medications (unless consistent with ASAM requirements). (215 ILL. COMP. STAT. 5/370c(b)(6.5)(a) (2019))	outpatient (ASAM 2.1); partial hospitalization (ASAM 2.5); residential (ASAM 3.5); inpatient (ASAM 3.7) and opioid maintenance therapy. Providers must notify the health plan of treatment initiation. (215 ILL. COMP. STAT. 5/370c(g)(3) (2019))	for alcohol dependence or opioid dependence in Medicaid fee-for-service and Medicaid Managed Care. (305 ILL. COMP. STAT. 5/5-5 (2015))
Indiana	N/A	N/A	N/A	N/A
Iowa	N/A	N/A	N/A	Medicaid fee-for-service and Medicaid managed care must cover at least one form of methadone, buprenorphine, naloxone, buprenorphine/ naloxone, and naltrexone without prior authorization. (HF 623, signed May 1, 2019, with no effective date for the promulgation of regulations to implement standard)
Kansas	N/A	N/A	N/A	N/A
Kentucky	N/A	N/A	N/A	N/A
Louisiana	N/A	N/A	N/A	N/A

State	Commercial Plans		Medicaid Plans	
	SUD Services	SUD Medications	SUD Services	SUD Medications
Maine	Prior authorization is prohibited for at least one medication in each therapeutic class of MAT medications for OUD and for MAT for OUD for pregnant women (medications + counseling). MAT includes counseling. (SP 218-LD705, signed by Governor on June 13, 2019; ME. REV. STAT. ANN. tit. 24-A, § 4304, sub § 2-A)	Prior authorization is prohibited for at least one medication in each therapeutic class of MAT medications for OUD and for MAT for OUD for pregnant women (medications + counseling). MAT includes counseling. (SP 218-LD705, signed by Governor on June 13, 2019; ME. REV. STAT. ANN. tit. 24-A, § 4304, sub § 2-A)	Prior authorization is prohibited for intensive outpatient therapy services for a diagnosis of OUD and for intensive outpatient therapy services for a diagnosis of OUD for pregnant women. (HP 1378, signed by Governor on March 18, 2020 and effective June 16, 2020. To be codified at ME. REV. STAT. ANN. tit. 22, § 3174-EEE)	Prior authorization is prohibited for at least one drug in each therapeutic class of medication used for medication-assisted treatment (MAT) for OUD and for any MAT for OUD for pregnant women. MAT includes medications and counseling. (HP 1378, signed by Governor on March 18, 2020 and effective June 16, 2020. To be codified at ME. REV. STAT. ANN. tit. 22, § 3174-EEE)
Maryland	N/A	Individual and group plans may not require prior authorization for buprenorphine, methadone, and naltrexone when used for OUD treatment. (HB 887, signed in 2017; MD. CODE ANN., INS. § 15-851). Individual and group health plans must cover at least one opioid overdose reversal medication without prior authorization. (HB 1329/SB 967, signed in 2017; MD. CODE ANN., INS. § 15-850)	N/A	N/A

State	Commercial Plans		Medicaid Plans	
	SUD Services	**SUD Medications**	**SUD Services**	**SUD Medications**
Massachusetts	Insurers (including state employee health plans) may not impose prior authorization or utilization review for up to 7 days on acute treatment services and clinical stabilization services. (**Mass. Gen. Laws ch. 32A § 17N** (2016); **Mass. Gen. Laws ch. 175 § 47GG** (2016); **Mass. Gen. Laws ch. 176A § 8*II*** (2016); **Mass. Gen. Laws ch. 176B § 4*II*** (2016); **Mass. Gen. Laws ch. 176G § 4AA** (2016)) Insurers may not require prior authorization for substance use treatment (early intervention services, evaluations, MAT, intensive outpatient, partial hospitalization, residential and inpatient) provided by state certified/licensed providers. (**Mass. Gen. Laws ch. 32A § 17M** (2016); **Mass. Gen. Laws ch. 175 § 47FF** (2016); **Mass. Gen. Laws ch. 176A § 8HH** (2016); **Mass. Gen. Laws ch.**	N/A	Medicaid managed care organizations may not impose prior authorization on acute treatment services, clinical stabilization services or SUD evaluations; utilization review may not be initiated for up to 7 days on clinical stabilization services. (**Mass. Gen. Laws ch. 118E § 10H** (2016))	N/A

State	Commercial Plans		Medicaid Plans	
	SUD Services	SUD Medications	SUD Services	SUD Medications
	176B § 4HH (2016); Mass. Gen. Laws ch. 176G § 4Z (2016))			
Michigan	N/A	N/A	N/A	N/A
Minnesota	N/A	N/A	N/A	N/A
Mississippi	N/A	N/A	N/A	N/A
Missouri	N/A	Health plans must cover buprenorphine tablets, methadone, naloxone, extended-release injectable naltrexone and buprenorphine/naloxone combination (and these dispensed when through an opioid treatment program), without prior authorization. (SB 514, signed by Governor on July 11, 2019); Mo. Rev. Stat. § 191.1165(3) (2019))	N/A	The MO HealthNet program shall cover on its preferred drug list (PDL): buprenorphine tablets, methadone, naloxone, extended-release injectable naltrexone and buprenorphine/naloxone combination. The PDL must include all current and new FDA-approved formulations and medications. (SB 514, signed by Governor on July 11, 2019; Mo. Rev. Stat. § 191.1165(6) (2019))[1]
Montana	N/A	Health plans may not impose prior authorization on "an oral	N/A	N/A

[1] The legislation does not explicitly prohibit or limit prior authorization for these medications, and the Missouri PDL lists medications that both require and do not require prior authorization. Additional guidance from MO HealthNet is needed to determine whether all forms of the listed medications are exempt from prior authorization. For purposes of this analysis, Missouri is counted as limiting prior authorization for SUD medications in Medicaid, as some medications on the PDL do not require authorization.

State	Commercial Plans		Medicaid Plans	
	SUD Services	SUD Medications	SUD Services	SUD Medications
		therapy prescription used to treat opioid use disorder." (HB 555, signed by Governor on May 10, 2019; MONT. CODE ANN. § 33-32-215(8) (2019))		
Nebraska	N/A	N/A	N/A	N/A
Nevada	N/A	N/A	N/A	N/A
New Hampshire	When SUD services are covered, managed care plans may not require prior authorization for the first two outpatient visits in an episode of care for SUD. Prior authorization cannot be required for the first 24 hours of inpatient withdrawal management and clinical stabilization services when the patient meets ASAM Criteria and the provider notifies the plan, unless the managed care plan has a 24-hour hotline staffed by a medical clinician or licensed alcohol and drug counselor to make the medical necessity determination and	When SUD services are covered, carriers may only require prior authorization for medication-assisted treatment once every 12 months. (N.H. REV. STAT. ANN. § 420-J:18 (2017))	N/A	N/A

State	Commercial Plans		Medicaid Plans	
	SUD Services	**SUD Medications**	**SUD Services**	**SUD Medications**
	assist with level of care placement. Prior authorization must be provided within 6 hours. (N.H. REV. STAT. ANN. § 420-J:17(I-III) (2017))			
New Jersey	Insurers may not require prior authorization for inpatient and outpatient SUD services for the first 180 days or visits of treatment during a year. Carriers are required to provide 28 days of inpatient treatment without retrospective or concurrent review and 28 days of intensive outpatient and partial hospitalization without any retrospective review. (N.J. STAT. ANN. §§ 17:48-6nn(b), (d), (e)(1), (f)(1); 17B:26-2.1hh(b), (e)(1), (f)(1); 17B:27-46.1nn(b), (e)(1), (f)(1); 17B:27A-7.21(b), (d), (e)(1), (f)(1); 17B:27A-19.25(b), (d), (e)(1), (f)(1); 17:48A-7kk((b), (d), (e)(1), (f)(1); 17:48E-35.38(b), (d), (e)(1), (f)(1); 26:2J-4.39(b), (d), (e)(1), (f)(1); 52:14-17.29u(b), (d), (e)(1), (f)(1); 52:14-	Insurers may not require prior authorization for outpatient medications used to treat SUD. (S3/A3; P.L. 2017, Chapter 28; N.J. STAT. ANN. §§ 17:48-6nn(i); 17:48A-7kk(i); 17B:26-2.1hh(i); 17B:27A-7.21(i); 17B:27-46.1nn(i); 17B:27A-19.25(i); 17:48E-35.38(i); 26:2J-4.39(i); 52:14-17.29u(i); 52:14-17.46.6f(i) (2018))	N/A	Medicaid must cover methadone, buprenorphine, naltrexone, combination buprenorphine/naloxone medications and other FDA-approved medications if approved by the Dept. of Human Services, without prior authorization. (A4744, signed by Governor on July 15, 2019; effective Oct. 15, 2019; N.J. STAT. ANN. § 30:4D-6m)

State	Commercial Plans		Medicaid Plans	
	SUD Services	**SUD Medications**	**SUD Services**	**SUD Medications**
	17.46.6f(b), (d), (e)(1), (f)(1) (2018))			
New Mexico	N/A	N/A	N/A	N/A
New York	Insurers may not impose prior authorization for inpatient treatment in in-network state-certified facilities and may not conduct concurrent review for the first 28 days of treatment. Providers must notify the insurer of the admission and conduct ongoing clinical reviews for medical necessity. (N.Y. INS. LAW §§ 3216(i)(30)(D); 3221(l)(6)(D); 4303(k)(4) (2019)) Insurers may not impose prior authorization on outpatient, intensive outpatient, outpatient rehabilitation, and opioid treatment in in-network state-certified facilities and may not conduct concurrent review for the first four weeks/28 visits. Providers must notify the insurer of	A plan may not impose prior authorization for an initial or renewal prescription for all buprenorphine products, methadone or long-acting injectable naltrexone for detoxification or maintenance treatment of SUD. (**A.2904**; signed by Governor on Dec. 31, 2019; effective Feb. 29, 2020); N.Y. INS. LAW §§ 3216(i)(31-a); 3221(l)(7-a); 4303(l-1) (2020))	N/A	Medicaid managed care and fee-for-service may not require prior authorization for preferred and formulary forms of buprenorphine or injectable naltrexone for detoxification or maintenance treatment for opioid addiction. (N.Y. SOC. SERV. LAW § 364-j(26-b) (2019); N.Y. PUB. HEALTH LAW § 273(10) (2019)) Medicaid managed care and fee-for-service providers cannot require prior authorization for methadone, when used for opioid use disorder and administered or dispensed in an opioid treatment program. (**S. 7506-B**, signed by Governor on April 3, 2020. To be codified at N.Y. SOC. SERV. LAW § 364-j(26-c); N.Y. PUB. HEALTH LAW § 273(10))

State	Commercial Plans		Medicaid Plans	
	SUD Services	**SUD Medications**	**SUD Services**	**SUD Medications**
	treatment initiation and perform ongoing clinical assessments for medical necessity. (N.Y. INS. LAW §§ 3216(i) (31)(E); 3221(l) (7)(E); 4303 (l)(5) (2019))			Prior authorization is prohibited for opioid dependence agents and opioid antagonists placed on the statewide formulary of preferred drugs for Medicaid managed care plans and fee-for-service providers (unless required by Medicaid's drug use review program). (**S. 7506-B**, signed by Governor on April 3, 2020. To be codified at N.Y. PUB. HEALTH LAW § 273(3)(a-1))
North Carolina	N/A	N/A	N/A	N/A
North Dakota	N/A	N/A	N/A	N/A
Ohio	N/A	N/A	N/A	N/A
Oklahoma	N/A	N/A	N/A	N/A
Oregon	N/A	Health plans may not require prior authorization for medications to treat opioid withdrawal for the first 30 days of treatment. (OR. REV. STAT. § 743B.425 (2018))	N/A	Medicaid plans are prohibited from requiring prior authorization for the first 30 days of MAT for SUD (including opioid addiction medications), as of Jan. 1, 2020. (**HB 2257**, signed by Governor on July 23, 2019; OR. REV. STAT. §431A.463)

State	Commercial Plans		Medicaid Plans	
	SUD Services	SUD Medications	SUD Services	SUD Medications
Pennsylvania	N/A	N/A	N/A	N/A
Rhode Island	N/A	N/A	N/A	N/A
South Carolina	N/A	N/A	N/A	N/A
South Dakota	N/A	N/A	N/A	N/A
Tennessee	N/A	Resolution acknowledging prior authorization requirements are a burden for providers and limit access to care for patients and should be removed for medication-assisted treatment for a substance use disorder.[2] (Senate Joint Resolution 181, signed by Governor on April 30, 2019)	N/A	N/A
Texas	N/A	N/A	N/A	Medicaid is prohibited from requiring prior authorization for medication-assisted opioid or substance use disorder treatment, including: methadone, buprenorphine, oral buprenorphine/naloxone or naltrexone, "except as needed

[2] For purposes of this analysis, Tennessee is not counted as limiting prior authorization for SUD medications in commercial insurance because a resolution does not require the removal of prior authorization.

State	Commercial Plans		Medicaid Plans	
	SUD Services	SUD Medications	SUD Services	SUD Medications
				to minimize the opportunity for fraud, waste, or abuse." Provision expires on Aug. 31, 2023. (HB 2174, signed by Governor on June 14, 2019, effective Sept. 1, 2019; TX. HUM. RES. § 32.03115)
Utah	N/A	N/A	N/A	N/A
Vermont	Health plans may not impose prior authorization on prescription drugs and counseling or behavioral therapies used in medication-assisted treatment. (SB 43, signed May 30, 2019; VT. STAT. ANN. tit. 18, § 4754 (2019))	Health plans may not impose prior authorization on prescription drugs and counseling or behavioral therapies used in medication-assisted treatment. (SB 43, signed May 30, 2019; VT. STAT. ANN. tit. 18, § 4754 (2019))	N/A	N/A
Virginia	N/A	Plans may not require prior authorization for at least one FDA-approved MAT medication that is covered by the plan, does not exceed label dosage and is prescribed consistent with Board of Medicine regulations. (VA. CODE ANN. § 38.2-3407.15:2(B)(12) (2019))	N/A	N/A

State	Commercial Plans		Medicaid Plans	
	SUD Services	**SUD Medications**	**SUD Services**	**SUD Medications**
Washington	Health plans and public employee insurance (issued or renewed on or after Jan. 1, 2021) may not require prior authorization for withdrawal management services or inpatient or residential SUD treatment services; may not conduct utilization review prior to covering inpatient/ residential services for 2 business days or withdrawal management for 3 days. (Withdrawal management services means 24-hour medically managed or medically-monitored detoxification, assessment and treatment referral, and may include induction of medications for addiction recovery.) (**HB 2642**, signed by Governor on April 3, 2020.To be codified at WASH. REV. CODE ANN. §§ 41.05, 48.43)	Health plans and state and school employee plans must cover at least one FDA-approved opioid agonist, antagonist and partial agonist without prior authorization. (effective July 28, 2019; WASH. REV. CODE ANN. §§ 48.43.760; 41.05.525 (2019))	Beginning Jan. 1, 2021, managed care organizations may not require prior authorization for withdrawal management services or inpatient or residential SUD treatment services; may not conduct utilization review prior to covering inpatient/ residential services for 2 business days or withdrawal management for 3 days. (Withdrawal management services means 24-hour medically managed or medically-monitored detoxification, assessment and treatment referral, and may include induction of medications for addiction recovery.) (**HB 2642**, signed by Governor on April 3, 2020; to be codified at WASH. REV. CODE ANN. § 71.24)	Upon initiation or renewal of Medicaid managed care plan, a managed health care system may not impose prior authorization on at least one FDA-approved opioid antagonist, agonist and partial agonist. (effective July 28, 2019; WASH. REV. CODE ANN. 74.09.645 (2019))
West Virginia	N/A	Plans may not require prior authorization for outpatient prescription drugs to treat SUD.	N/A	N/A

State	Commercial Plans		Medicaid Plans	
	SUD Services	SUD Medications	SUD Services	SUD Medications
		(SB 401, signed by Governor on March 27, 2018; W. VA. CODE §§ 33-15-4r(k); 33-16-3cc(k); 33-24-7r(k); 33-25-8*o*(k*)*; 33-25A-8r(k);)		
Wisconsin	N/A	N/A	N/A	Dept. of Health Services was required to submit a report on the elimination of prior authorization requirements for buprenorphine-containing products, as appropriate, beginning in the 7th month after the date of enactment. (2017 Wisconsin Act 262, enacted April 9, 2018; WIS. STAT. § 49.45(29z)). A Nov. 1, 2018 report required by the legislation found that prior authorization is not required in Medicaid for certain buprenorphine medications (Suboxone and Zubsolv) or for naltrexone and methadone for OUD because of low risk for abuse. The Department requires prior authorization for Bunavail, buprenorphine/naloxone tablets

State	Commercial Plans		Medicaid Plans	
	SUD Services	SUD Medications	SUD Services	SUD Medications
				and buprenorphine film and tablets.
Wyoming	N/A	N/A	N/A	N/A

ENDNOTES

[i] The National Center on Addiction and Substance Abuse. (2016). *Uncovering Coverage Gaps*: *A Review of Addiction Benefits in ACA Plans*. Retrieved from **https://www.centeronaddiction.org/addiction-research/reports/uncovering-coverage-gaps-review-of-addiction-benefits-in-aca-plans**. (p. 9).

[ii] State of California Attorney General Xavier Becerra. (2019, February 14). *Prior Authorization Requirements for Medication-Assisted Treatment of Opioid Use Disorder* [Letter]. Retrieved from **https://oag.ca.gov/system/files/attachments/press-docs/matletter.pdf**.

[iii] New York State Office of the Attorney General. (2016). *Cigna – Prior Authorization for Medication-Assisted Treatment Medications for Opioid Use Disorder* [letter from the New York State Assistant Attorneys General of the Health Care Bureau to the Vice President and Chief Counsel of Cigna]. Retrieved from **https://ag.ny.gov/sites/default/files/ny_oag-cigna_mat_letter_agreement_101916.pdf.**

New York State Office of the Attorney General. (2016). *Anthem – Prior Authorization for Medication-Assisted Treatment Medications for Opioid Use Disorder* [letter from the New York State Assistant Attorneys General of the Health Care Bureau to Anthem, Inc. and Empire BlueCross BlueShield]. Retrieved from **https://ag.ny.gov/sites/default/files/final_letter_agreement_anthem-empire_mat_010117.pdf.**

[iv] Commonwealth of Pennsylvania. (2018, October 12). Wolf Administration Announces Agreement with Insurers to Eliminate Barriers to Medication-Assisted Treatment. *PA Media*. Retrieved from **https://www.media.pa.gov/Pages/Insurance-Details.aspx?newsid=344.**

State of Rhode Island Office of the Health Insurance Commissioner. (2017, May 17). *Health Insurance Commissioner Announces Partnership with Health Insurers to End Prior Authorization for Opioid Dependency Medications*. Retrieved from **http://www.ohic.ri.gov/documents/05172017-opioid-prior-auth-press-release.pdf**.

[v] Weber, E., & Gupta, A. (2019). *State Medicaid Programs Should Follow the "Medicare Model": Remove Prior Authorization Requirements for Buprenorphine and Other Medications to Treat Opioid Use Disorders.* Retrieved from **https://www.lac.org/resource/state-medicaid-programs-should-follow-the-medicare-model-remove-prior-authorization-requirements-for-buprenorphine-and-other-medications-to-treat-opioid-use-disorders** (pp. 5, 9-13).

[vi] Centers for Medicare and Medicaid Services. (2018, April 2). *Announcement of Calendar Year (CY) 2019 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter* [Note to Medicare Advantage Organizations, Prescription Drug Plan Sponsors, and Other Interested Parties]. Retrieved from **https://www.cms.gov/MEDICARE/HEALTH-PLANS/MEDICAREADVTGSPECRATESTATS/DOWNLOADS/ANNOUNCEMENT2019.PDF** (p. 253).

[vii] 26 C.F.R. § 54.9812-1(c)(4)(i) (2016); 29 C.F.R. § 2590.712(c)(4)(i) (2013); 45 C.F.R. § 146.136(c)(4)(i) (2013).

[viii] United States Department of Labor. (2018). *Self-Compliance Tool for the Mental Health Parity and Addiction Equity Act (MHPAEA).* Retrieved from **https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide-appendix-a-mhpaea.pdf.**

[ix] Commonwealth of Mass. v. Fallon Community Health Plan, Inc., Fallon Health & Life Ins. Co., Inc. and Beacon Health Strategies, Assurance of Discontinuation (Sup. Ct. Suffolk, Feb. 27, 2020); Commonwealth of Mass. v. Allways Health Partners, Inc. and Allways Health Partners Ins. Co., Assurance of Discontinuation (Sup. Ct. Suffolk, Feb. 27, 2020); and Commonwealth of Mass. v. Harvard Pilgrim Health Care, Inc. and HPHC Ins. Co., Inc. (Sup Ct. Suffolk, Feb. 27, 2020). Retrieved from **https://www.mass.gov/lists/attorney-generals-office-behavioral-health-parity-agreements**.

[x] Weber, E., & Gupta, A. (2019). *State Medicaid Programs Should Follow the "Medicare Model": Remove Prior Authorization Requirements for Buprenorphine and Other Medications to Treat Opioid Use Disorders.* Retrieved from **https://www.lac.org/resource/state-medicaid-programs-should-follow-the-medicare-model-remove-prior-authorization-requirements-for-buprenorphine-and-other-medications-to-treat-opioid-use-disorders** (pp. 7–8).

[xi] Mark, T.L., Parish, W., & Zarkin, G.A. (2019). Association between Medicare and FDA Policies and Prior Authorization Requirements for Buprenorphine Products in Medicare Part D Plans. *JAMA, 322*(2), 166-167. Retrieved from **https://jamanetwork.com/journals/jama/article-abstract/2737670**.

[xii] Weber, E., & Gupta, A. (2019). *State Medicaid Programs Should Follow the "Medicare Model": Remove Prior Authorization Requirements for Buprenorphine and Other Medications to Treat Opioid Use Disorders.* Retrieved from **https://www.lac.org/resource/state-medicaid-programs-should-follow-the-medicare-model-remove-prior-authorization-requirements-for-buprenorphine-and-other-medications-to-treat-opioid-use-disorders** (p. 6).

[xiii] Mark, T.L., Parish, W., & Zarkin, G.A. (2020). Association of Formulary Prior Authorization Policies With Buprenorphine-Naloxone Prescriptions and Hospital and Emergency Department Use Among Medicare Beneficiaries. *JAMA Netw Open,* 3(4): e203132. doi:10.1001/jamanetworkopen.2020.3132. Retrieved from **https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2764598?resultClick=24**.

[xiv] Brown, J.D., Barrett, A., Caffery, E., Hourihan, K., & Ireys, H.T. (2013). Medication Continuity Among Medicaid Beneficiaries With Schizophrenia and Bipolar Disorder. *Psychiatric Services, 64*(9), 878-885. Retrieved from **https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201200349?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed&**.