

## **BILL ANALYSIS**

Senate Research Center

S.B. 1564  
By: West  
Health & Human Services  
6/5/2019  
Enrolled

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

In the United States, over 900,000 physicians can write prescriptions for opioids, but only 32,000 can write prescriptions for opioid antagonists, such as buprenorphine. In Texas, less than 40 percent of people with a substance use disorder have access to a provider who can prescribe them buprenorphine, which ranks 37th among all states (PEW, 2016 <<https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/01/15/few-doctors-are-willing-able-to-prescribe-powerful-anti-addiction-drugs>>).

The SUPPORT Act was signed into federal law in October 2018. It directs funding to federal agencies and states to increase access to addiction treatment and supports interventions to help mitigate the opioid crisis. Under federal law, nurse practitioners, physician assistants, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives all have the authority to prescribe buprenorphine.

S.B. 1564 would align Texas Medicaid policy with federal law by using the federal definition of "qualifying practitioner," which includes physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives. This would allow these practitioners to prescribe buprenorphine, a common medication-assisted treatment for substance use disorders. S.B. 1564 would also direct the Health and Human Services Commission to amend policies and manuals that would allow for Medicaid reimbursement to these qualifying practitioners who prescribe buprenorphine. (Original Author's/Sponsor's Statement of Intent)

S.B. 1564 amends current law relating to access to certain medication-assisted treatment.

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Sections 481.0765(a) and (b), Health and Safety Code, as follows:

(a) Provides that a prescriber is not subject to the requirements of Section 481.0764(a) (relating to requiring a person authorized to receive certain information, other than a veterinarian, to access that information with respect to the patient before prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol) if:

(1) the patient has been diagnosed with cancer or sickle cell disease, rather than cancer, or the patient is receiving hospice care; and

(2) the prescriber clearly notes in the prescription record that the patient was diagnosed with cancer or sickle cell disease, rather than cancer, or is receiving hospice care, as applicable.

(b) Provides that a dispenser is not subject to the requirements of Section 481.0764(a) if it is clearly noted in the prescription record that the patient has been diagnosed with cancer or sickle cell disease, rather than cancer, or is receiving hospice care.

SECTION 2. Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.03115, as follows:

Sec. 32.03115. REIMBURSEMENT FOR MEDICATION-ASSISTED TREATMENT FOR OPIOID OR SUBSTANCE USE DISORDER. (a) Defines "medication-assisted opioid or substance use disorder treatment" for purposes of this section.

(b) Requires the Health and Human Services Commission (HHSC), notwithstanding Sections 531.072 (Preferred Drug Lists) and 531.073 (Prior Authorization For Certain Prescription Drugs), Government Code, or any other law and subject to Subsections (c) and (d), to provide medical assistance reimbursement for medication-assisted opioid or substance use disorder treatment without requiring a recipient of medical assistance or health care provider to obtain prior authorization or precertification for the treatment.

(c) Provides that the duty to provide medical assistance reimbursement for medication-assisted opioid or substance use disorder treatment under Subsection (b) does not apply with respect to:

(1) a prescription for methadone;

(2) a recipient for whom medication-assisted opioid or substance use disorder treatment is determined to be medically contraindicated by the recipient's physician; or

(3) a recipient who is subject to an age-related restriction applicable to medication-assisted opioid or substance use disorder treatment.

(d) Authorizes HHSC to provide medical assistance reimbursement for medication-assisted opioid or substance use disorder treatment only if the treatment is prescribed to a recipient of medical assistance by a licensed health care provider who is authorized to prescribe methadone, buprenorphine, oral buprenorphine/naloxone, or naltrexone.

(e) Provides that this section expires August 31, 2023.

SECTION 3. (a) Defines "qualifying practitioner" for purposes of this section.

(b) Requires the Health and Human Services Commission (HHSC), not later than November 1, 2019, to amend HHSC's Medicaid Substance Use Disorder Services Medical Policy and any other provider or claims payment policy or manual necessary to authorize Medicaid medical benefits reimbursement for the prescribing of buprenorphine for the treatment of an opioid use disorder by an advanced practice registered nurse recognized by the Texas Board of Nursing as a clinical nurse specialist, nurse anesthetist, or nurse midwife, provided that the advanced practice registered nurse:

(1) is a qualifying practitioner; and

(2) has obtained a waiver from registration requirements as provided by 21 U.S.C. Section 823(g).

SECTION 4. Makes application of Section 481.0765, Health and Safety Code, as amended by this Act, prospective.

SECTION 5. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes delay of implementation until such a waiver or authorization is granted.

SECTION 6. Effective date: upon passage or September 1, 2019.