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SENATE BILL NO. 225

AMENDMENT IN THE NATURE OF A SUBSTITUTE

(Proposed by the Senate Committee on Education and Health)

(Patron Prior to Substitute—Senator Stanley)

Senate Amendments in [] — February 2, 2018

A *BILL to amend the Code of Virginia by adding a section numbered 37.2-310.1, relating to the Department of Behavioral Health and Developmental Services; opioid addiction treatment pilot; established.*

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 37.2-310.1 as follows:

§ 37.2-310.1. Opioid addiction treatment and recovery services; pilot.

A. *The Department, in partnership with community services boards, a hospital licensed in the Commonwealth, and telemedicine networks, including the Center for Telehealth at the University of Virginia and the Virginia Telemedicine Network, shall establish a two-year pilot program designed to provide comprehensive treatment and recovery services to uninsured or underinsured individuals suffering from opioid addiction or opioid-related disorders. The Department, together with the partnering hospital, community services boards, and telemedicine networks shall develop an evidence-based treatment and recovery program that may include withdrawal management, medication-assisted treatment, behavioral and cognitive interventions, housing assistance, transportation assistance, and other community supports. The Department shall establish the pilot program in Planning District 12 to serve an area of the Commonwealth where the opioid consumption in milligrams per capita is among the highest in the nation.*

B. *In developing the pilot program, the Department and the partnering hospital, community services boards, and telemedicine networks shall (i) collaborate with and receive recommendations from the work group established pursuant to subsection C and (ii) implement a measurement-based systematic substance abuse use disorder monitoring and retention system to track patient outcomes throughout treatment and recovery.*

C. *The Department shall establish a work group of interested stakeholders to collaborate with the Department in the development of the pilot program. The work group shall include representatives from the Virginia Association of Medication Assisted Recovery Programs, the Virginia Chapter of the American Society of Addiction Medicine, the Virginia Community Healthcare Association, the Virginia Academy of Family Physicians, the Virginia Section of the American Congress of Obstetricians and Gynecologists, the Virginia Council of Nurse Practitioners, the Virginia Chapter of the American College of Physicians, the Virginia Chapter of the American Academy of Pediatrics, the Medical Society of Virginia, the Virginia Association of Community Services Boards, and the Virginia Hospital & Healthcare Association.*

D. *The funds available to implement the provisions of this section, as set out in the general appropriation act, shall consist of (i) funds appropriated for such purpose; (ii) notwithstanding the provisions of Chapter 31 (§ 3.2-3100 et seq.) of Title 3.2, payments from the Tobacco Indemnification and Community Revitalization Fund; and (iii) reimbursement received for services provided through the program from coverages issued pursuant to Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq. (Medicare).*

E. *The Department shall report the results of the pilot program including nonidentifiable, aggregate data on patient outcomes and any findings or recommendations to the Board and to the General Assembly by December 1, 2020.*

[2. That the provisions of this act shall not become effective unless an appropriation effectuating the purposes of this act is included in a general appropriation act passed in 2018 by the General Assembly that becomes law.]

ENGROSSED

SB225ES1