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1	SENATE BILL NO. 1518
2	Offered January 9, 2019
3	Prefiled January 8, 2019
4 5	A BILL to amend and reenact §§ 38.2-4319, 54.1-2708.4, and 54.1-2928.2 of the Code of Virginia and to amend the Code of Virginia by adding a section numbered 38.2-3418.18, relating to non-opioid
6	pharmacological therapy and non-pharmacological therapy; health insurance coverage; Board of
7	Dentistry and Board of Medicine; regulations.
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0	Patron—Carrico
9 10	Referred to Committee on Education and Health
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12	Be it enacted by the General Assembly of Virginia:
13	1. That §§ 38.2-4319, 54.1-2708.4, and 54.1-2928.2 of the Code of Virginia are amended and
14	reenacted and that the Code of Virginia is amended by adding a section numbered 38.2-3418.18 as
15 16	follows:
16 17	§ 38.2-3418.18. Coverage for pain management prescription drugs and alternative therapies. A. Notwithstanding the provisions of § 38.2-3419, each insurer proposing to issue individual or
18	group accident and sickness insurance policies providing hospital, medical and surgical, or major
19	medical coverage on an expense-incurred basis; each corporation providing individual or group
20	accident and sickness subscription contracts; and each health maintenance organization providing a
21	health care plan for health care services, shall provide coverage for non-opioid analgesic drugs
22 23	prescribed to covered individuals or a non-pharmacological therapy recommended by a prescriber as an alternative to a prescription drug to covered individuals for chronic pain.
23 24	B. As used in this section:
25	"Non-opioid analgesic drug" means a drug product that does not contains an opioid agonist and is
26	indicated by the U.S. Food and Drug Administration for the treatment of pain.
27	"Non-pharmacologic therapy" means exercise; complementary and alternative therapies such as
28 29	spinal manipulation, acupuncture, massage, and mind-body interventions; psychological therapies such as cognitive behavioral and operant therapy; physical techniques such as traction, ultrasound,
30	transcutaneous electrical nerve stimulation, low-level laser therapy, superficial heat or cold, and back
31	supports; multidisciplinary rehabilitation; and other therapies when such therapies are used for the
32	treatment of pain.
33	E. No insurer, corporation, or health maintenance organization shall impose upon any person
34	receiving benefits pursuant to this section any copayment, fee, or condition that is not equally imposed
35 36	upon all individuals in the same benefit category. F. The provisions of this section shall apply to any policy, contract, or plan delivered, issued for
37	delivery, or renewed in the Commonwealth on and after January 1, 2020.
38	G. The provisions of this section shall not apply to short-term travel, accident-only, or limited or
39	specified disease policies or to contracts designed for issuance to persons eligible for coverage under
40	Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or
41 42	federal governmental plans or to short-term nonrenewable policies of not more than six months' duration.
4 3	§ 38.2-4319. Statutory construction and relationship to other laws.
44	A. No provisions of this title except this chapter and, insofar as they are not inconsistent with this
45	chapter, §§ 38.2-100, 38.2-136, 38.2-200, 38.2-203, 38.2-209 through 38.2-213, 38.2-216, 38.2-218
46	through 38.2-225, 38.2-229, 38.2-232, 38.2-305, 38.2-316, 38.2-316.1, 38.2-322, 38.2-325, 38.2-326, 28.2-402, 28.2-4
47 48	38.2-400, 38.2-402 through 38.2-413, 38.2-500 through 38.2-515, 38.2-600 through 38.2-620, Chapter 9 (§ 38.2-900 et seq.), §§ 38.2-1016.1 through 38.2-1023, 38.2-1057, 38.2-1306.1, Article 2 (§ 38.2-1306.2
4 9	et seq.), § $38.2-1315.1$, Articles 3.1 (§ $38.2-1316.1$ et seq.), 4 (§ $38.2-1317$ et seq.), 5 (§ $38.2-1322$ et
50	seq.), 5.1 (§ 38.2-1334.3 et seq.), and 5.2 (§ 38.2-1334.11 et seq.) of Chapter 13, Articles 1 (§ 38.2-1400
51	et seq.), 2 (§ 38.2-1412 et seq.), and 4 (§ 38.2-1446 et seq.) of Chapter 14, Chapter 15 (§ 38.2-1500 et
52	seq.), Chapter 17 (§ 38.2-1700 et seq.), §§ 38.2-1800 through 38.2-1836, 38.2-3401, 38.2-3405,
53 54	38.2-3405.1, 38.2-3406.1, 38.2-3407.2 through 38.2-3407.6:1, 38.2-3407.9 through 38.2-3407.19, 38.2-3411, 38.2-3411.2, 38.2-3411.3, 38.2-3411.4, 38.2-3412.1, 38.2-3414.1, 38.2-3418.1 through
54 55	38.2-3418.17 38.2-3418.18, 38.2-3419.1, 38.2-3430.1 through 38.2-3454, 38.2-3500, subdivision 13 of §
56	38.2-3503, subdivision 8 of § 38.2-3504, §§ 38.2-3514.1, 38.2-3514.2, 38.2-3522.1 through 38.2-3523.4,
57	38.2-3525, 38.2-3540.1, 38.2-3540.2, 38.2-3541.2, 38.2-3542, 38.2-3543.2, Article 5 (§ 38.2-3551 et
58	seq.) of Chapter 35, Chapter 35.1 (§ 38.2-3556 et seq.), Chapter 52 (§ 38.2-5200 et seq.), Chapter 55

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SB1518

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59 (§ 38.2-5500 et seq.), and Chapter 58 (§ 38.2-5800 et seq.) shall be applicable to any health maintenance 60 organization granted a license under this chapter. This chapter shall not apply to an insurer or health services plan licensed and regulated in conformance with the insurance laws or Chapter 42 (§ 38.2-4200 61 62 et seq.) except with respect to the activities of its health maintenance organization.

63 B. For plans administered by the Department of Medical Assistance Services that provide benefits 64 pursuant to Title XIX or Title XXI of the Social Security Act, as amended, no provisions of this title 65 except this chapter and, insofar as they are not inconsistent with this chapter, §§ 38.2-100, 38.2-136, 38.2-200, 38.2-203, 38.2-209 through 38.2-213, 38.2-216, 38.2-218 through 38.2-225, 38.2-229, 66 38.2-232, 38.2-322, 38.2-325, 38.2-400, 38.2-402 through 38.2-413, 38.2-500 through 38.2-515, 38.2-600 67 through 38.2-620, Chapter 9 (§ 38.2-900 et seq.), §§ 38.2-1016.1 through 38.2-1023, 38.2-1057, 68 38.2-1306.1, Article 2 (§ 38.2-1306.2 et seq.), § 38.2-1315.1, Articles 3.1 (§ 38.2-1316.1 et seq.), 4 (§ 38.2-1317 et seq.), 5 (§ 38.2-1322 et seq.), 5.1 (§ 38.2-1334.3 et seq.), and 5.2 (§ 38.2-1334.11 et seq.) of Chapter 13, Articles 1 (§ 38.2-1402 et seq.), 2 (§ 38.2-1412 et seq.), and 4 (§ 38.2-134.11 et seq.) of Chapter 13, Articles 2 (§ 38.2-1402 et seq.), 2 (§ 38.2-1412 et seq.), and 4 (§ 38.2-1412 et seq.), and 4 (§ 38.2-1412 et seq.) and 4 (69 70 71 seq.) of Chapter 14, §§ 38.2-3401, 38.2-3405, 38.2-3407.2 through 38.2-3407.5, 38.2-3407.6, 38.2-3407.6:1, 38.2-3407.9, 38.2-3407.9:01, and 38.2-3407.9:02, subdivisions F 1, F 2, and F 3 of 72 73 § 38.2-3407.10, §§ 38.2-3407.11, 38.2-3407.11:3, 38.2-3407.13, 38.2-3407.13:1, 38.2-3407.14, 74 38.2-3411.2, 38.2-3418.1, 38.2-3418.2, 38.2-3419.1, 38.2-3430.1 through 38.2-3437, 38.2-3500, 75 subdivision 13 of § 38.2-3503, subdivision 8 of § 38.2-3504, §§ 38.2-3514.1, 38.2-3514.2, 38.2-3522.1 76 77 through 38.2-3523.4, 38.2-3525, 38.2-3540.1, 38.2-3540.2, 38.2-3541.2, 38.2-3542, 38.2-3543.2, Chapter 52 (§ 38.2-5200 et seq.), Chapter 55 (§ 38.2-5500 et seq.), and Chapter 58 (§ 38.2-5800 et seq.) shall be 78 79 applicable to any health maintenance organization granted a license under this chapter. This chapter shall 80 not apply to an insurer or health services plan licensed and regulated in conformance with the insurance 81 laws or Chapter 42 (§ 38.2-4200 et seq.) except with respect to the activities of its health maintenance 82 organization.

C. Solicitation of enrollees by a licensed health maintenance organization or by its representatives 83 84 shall not be construed to violate any provisions of law relating to solicitation or advertising by health 85 professionals.

86 D. A licensed health maintenance organization shall not be deemed to be engaged in the unlawful practice of medicine. All health care providers associated with a health maintenance organization shall 87 88 be subject to all provisions of law.

89 E. Notwithstanding the definition of an eligible employee as set forth in § 38.2-3431, a health 90 maintenance organization providing health care plans pursuant to § 38.2-3431 shall not be required to 91 offer coverage to or accept applications from an employee who does not reside within the health 92 maintenance organization's service area.

F. For purposes of applying this section, "insurer" when used in a section cited in subsections A and B shall be construed to mean and include "health maintenance organizations" unless the section cited 93 94 95 clearly applies to health maintenance organizations without such construction.

§ 54.1-2708.4. Board to adopt regulations related to prescribing of opioids.

The Board shall adopt regulations for the prescribing of opioids, which shall include guidelines for:

98 1. The treatment of acute pain, which shall include (i) requirements for an appropriate patient history 99 and evaluation, (ii) limitations on dosages or day supply of drugs prescribed, (iii) requirements for appropriate documentation in the patient's health record, and (iv) a requirement that the prescriber 100 101 request and review information contained in the Prescription Monitoring Program in accordance with 102 § 54.1-2522.1;

103 2. The treatment of chronic pain, which shall include, in addition to the requirements for treatment of 104 acute pain set forth in subdivision 1, requirements for (i) development of a treatment plan for the patient, which shall include a discussion with the patient regarding the benefits and risks of opioid 105 therapy and the availability of non-opioid pharmacological therapy and non-pharmacological therapy; 106 107 (ii) an agreement for treatment signed by the provider and the patient that includes permission to obtain urine drug screens,; and (iii) periodic review of the treatment provided at specific intervals to determine 108 109 the continued appropriateness of such treatment; and

110 3. Referral of patients to whom opioids are prescribed for substance abuse counseling or treatment, 111 as appropriate. 112

§ 54.1-2928.2. Board to adopt regulations related to prescribing of opioids and buprenorphine.

113 The Board shall adopt regulations for the prescribing of opioids and products containing 114 buprenorphine. Such regulations shall include guidelines for:

115 1. The treatment of acute pain, which shall include (i) requirements for an appropriate patient history 116 and evaluation, (ii) limitations on dosages or day supply of drugs prescribed, (iii) requirements for appropriate documentation in the patient's health record, and (iv) a requirement that the prescriber 117 118 request and review information contained in the Prescription Monitoring Program in accordance with 119 § 54.1-2522.1;

120 2. The treatment of chronic pain, which shall include, in addition to the requirements for treatment of 3 of 3

acute pain set forth in subdivision 1, requirements for (i) development of a treatment plan for the patient, which shall include a discussion with the patient regarding the benefits and risks of opioid therapy and the availability of non-opioid pharmacological therapy and non-pharmacological therapy;
(ii) an agreement for treatment signed by the provider and the patient that includes permission to obtain urine drug screens; and (iii) periodic review of the treatment provided at specific intervals to determine the continued appropriateness of such treatment; and

127 3. The use of buprenorphine in the treatment of addiction, including a requirement for referral to or
128 consultation with a provider of substance abuse counseling in conjunction with treatment of opioid
129 dependency with products containing buprenorphine.