

2022 SESSION

INTRODUCED

22103669D

SENATE BILL NO. 594

Offered January 12, 2022

Prefiled January 12, 2022

A *BILL to amend and reenact § 54.1-2910.3:1 of the Code of Virginia, relating to Medicaid participants; treatment involving prescription of opioids; payment.*

Patron—Pillion

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2910.3:1 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-2910.3:1. Medicaid recipients; treatment involving prescription of opioids; payment.

A. No provider licensed pursuant to this chapter, *regardless of whether the provider participates in the state plan for medical assistance*, shall request or require a patient who is a recipient of medical assistance services pursuant to the state plan for medical assistance and who is a recipient of health care services involving (i) the prescription of an opioid for the management of pain or (ii) the prescription of buprenorphine-containing products, methadone, or other opioid replacements approved for the treatment of opioid addiction by the U.S. Food and Drug Administration for medication-assisted treatment of opioid addiction to pay costs associated with the provision of such service out-of-pocket. The prohibition on payment of costs shall not apply to a recipient's cost-sharing amounts required by the state plan for medical assistance.

B. Every provider who does not accept payment from the Department of Medical Assistance Services for health care services who intends to provide health care services described in subsection A to a patient who is a recipient of medical assistance services pursuant to the state plan for medical assistance shall, prior to providing such health care services, provide written notice to such patient that (i) the Commonwealth's program of medical assistance services covers the health care services described in subsection A and the Department of Medical Assistance Services will pay for such health care services if such health care services are determined to meet the Department of Medical Assistance Service's medical necessity criteria and (ii) the provider does not participate in the Commonwealth's program of medical assistance and will not accept payment from the Department of Medical Assistance Services for such health care services. Such notice and the patient's acknowledgment of such notice shall be documented in the patient's medical record *and does not exempt the provider from the requirements of subsection A.*

INTRODUCED

SB594