**HB20-1085 Concerning Prevention of Substance Use Disorders**

***Reps Kennedy and Herod / Sens Winter and Priola***

**Last Updated: June 26, 2020**

This bill:

* Requires health benefit plans to provide coverage for nonpharmacological treatments as an alternative to opioids and removes prior authorization for these treatments.
* Requires health benefit plans to cover a minimum of 6 physical therapy visits, 6 occupational therapy visits, 6 chiropractic visits and 6 acupuncture visits at the same cost as a primary care visit on the benefit plan.
* Requires insurance carriers to provide coverage of at least one atypical opioid approved by the FDA.
* Removes the requirement of step therapy or prior authorization for all atypical opioids approved by the FDA.
* Prohibits carriers from penalizing physical therapists, occupational therapists or acupuncturists from disclosing information about a covered person’s financial responsibility for treatment.
* Requires DORA to promulgate rules that limit the supply of benzodiazepine that a prescriber may prescribe to a patient who has not had a benzodiazepine prescription in the last 12 months.
* Continues indefinitely the requirement for an opioid prescriber to prescribe no more than a 7-day supply for first fill with certain exceptions.
* Develops competency-based continuing education requirements for prescribers.
* Requires prescribers to query the PDMP before prescribing the second fill for an opioid or benzodiazepine, with several exemptions.
* Modifies requirements for adding prescription information to the (PDMP) and allows state board of pharmacy to add substances with potential for abuse or interaction (naloxone is not included).
* Allows medical examiners and coroners to query the PDMP for a death investigation.
* Expands continuing education for prescribers to include education on inappropriately limiting prescriptions to chronic pain patients and best practices for prescribing benzodiazepines.

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