

The Heroin Crisis Act: What You Need to Know about the New Law

The heroin addiction and overdose epidemic has hit Illinois hard. Recognizing this crisis, the General Assembly created a taskforce to develop a policy response, which culminated in passing the Heroin Crisis Act (HB 1, now Public Act 99-840). The bipartisan bill is a big step forward, expanding access to substance use disorder (SUD) treatment and overdose prevention for those struggling with heroin and other opioid addiction.

Major Health Insurance Provisions:

➤ Medicaid coverage:

- Removes the requirement for prior authorization to prescribe medication assisted treatment (MAT) for alcohol or opioid dependence. It also eliminates lifetime limits, including the one-year lifetime limit for buprenorphine and related drugs, allowing providers to decide the length of treatment.

Advocates are currently working with the state to issue formal guidance to Medicaid MCOs and providers on these changes. Stay tuned!

- Requires coverage of all FDA approved MAT for alcohol and opioid dependence. In particular, methadone will now be covered for opioid dependence once obtaining federal approval for the change.
- Requires coverage for antagonist medication. Certain pharmacist training provisions for naloxone only must be completed prior to going into effect.
- Applies Illinois mental health and substance use disorder (SUD) parity requirements to Medicaid, requiring that mental health and SUD benefits are comparable to – meaning the copays, number of visits and the like – other medical benefits.

➤ Private Insurance Coverage:

- Expands parity requirements to include coverage for opioid antagonists.
- Expands parity requirements to include acute and crisis inpatient treatment such as medically supervised detox and stabilization.
- Requires insurance plans to publish their SUD treatment and medication policies.
- Applies Illinois mental health and SUD parity requirements to most private insurance plans, requiring that mental health and SUD benefits are comparable to other medical benefits.

Definitions:

Opioids: Heroin, morphine, OxyContin and other prescription pain relievers (also known as Schedule II narcotics).

Agonist Medication: Buprenorphine, Suboxone, and methadone. These assist someone struggling with opioid addiction in abstaining by activating the opioid receptors.

Antagonist Medication: Naloxone/Narcan prevents overdose deaths by blocking opioids. Naltrexone is a relapse prevention support for opioid use disorder.

Medication Assisted Treatment: Medications used to treat SUD. These are usually agonists for opioid SUD. Naltrexone is a treatment for alcohol use disorder and can prevent relapse to heroin or other opioid use.

Required trainings: The law requires pharmacists to be trained before initiating a prescription for naloxone. Training in the use and administration of naloxone is also required for non-medical professionals prior to distributing naloxone to them. Many of the opioid antagonist provisions will not be implemented until this training is completed. **Filling a prescription initiated by a doctor, nurse practitioner or physician assistant does not require any training.**

Note on Implementation: Different parts of the law will be implemented at different times. A taskforce of stakeholders and public officials is meeting to plan implementation.

Other Major Provisions:

- Drug Overdose Prevention Program:
 - Authorizes pharmacist-initiated prescribing of overdose medication, allowing those who request these medications to obtain them directly from the pharmacist without a doctor's prescription (pending training).
 - Allows health professionals to prescribe overdose medications to persons not personally at risk for overdose. In addition to existing distribution programs, friends, family, and service providers for those at risk for overdose will have pharmacy access to antagonist medications (pending training).
 - Explicitly protects health professionals from criminal liability for administering or prescribing overdose medications (except for willful and wanton misconduct).
 - Explicitly protects lay people from civil liability for administering overdose medications (except for willful and wanton misconduct).
 - Requires the state to train police, fire fighters, first responders and school personnel in the use of opioid antagonist medication. Requires these groups to have access to these medications in the course of their work (pending training).

- Expands the Prescription Monitoring Program for dispensers and prescribers of controlled substances in order to clinical guidelines are followed when prescribing opiates and other controlled substances.

- Establishes a Medication Take Back Program to dispose of unneeded prescriptions.

- Imposes new documentation requirements for prescribing Schedule II narcotics.

- Expands access to Drug Courts for defendants struggling with opioid addiction, potentially providing SUD treatment options in lieu of incarceration.

- Institutes drug prevention education for Illinois middle, junior and high schools.