

Bill No.	Bill Title	Sponsor	Status	Description
H.R. 6	Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act - <b>NOTE: This bill will serve as the underlying vehicle for the majority of House-passed bills to combat the opioid crisis to move over to the Senate.</b>	Rep. Greg Walden [R-OR]	Passed House 06/22/2018	Requires state Medicaid programs to suspend, as opposed to terminate, a juvenile's medical assistance eligibility when a juvenile is incarcerated.
				Requires states to ensure that former foster youth are able to keep their Medicaid coverage across state lines until the age of 26.
				Requires CMS to carry out a demonstration project to provide an enhanced federal matching rate for state Medicaid expenditures related to the expansion of substance-use treatment and recovery services. The demonstration project would allow for at least ten states to receive planning grants while five states would be selected for the enhanced federal matching rate portion of the project.
				Requires states to operate qualified drug management programs whereby states may enroll certain at-risk beneficiaries beginning January 1, 2020.
				Requires state Medicaid programs to have safety edits in place for opioid refills, monitor concurrent prescribing of opioids and certain other drugs, and monitor antipsychotic prescribing for children.
				Requires the Secretary of Health and Human Services to issue guidance to improve care for infants with neonatal abstinence syndrome and their families. The section also requires the Comptroller General of the United States to conduct a study on gaps in Medicaid coverage for pregnant and postpartum women with substance use disorder.
				Extends the enhanced matching rate for qualified activities for Medicaid health homes targeted towards Medicaid beneficiaries with Substance Use Disorders from eight quarters to 10 quarters.
				Expands the use of telehealth services by instructing CMS to evaluate the utilization of such services in treating substance use disorder. The Secretary is given the authority to expand the utilization of telehealth services for the treatment of substance use disorder by waiving certain qualifications for an originating site and geographic limitations.
				Extends the eligibility to receive Medicare pass through payments from three years to five years for qualifying drugs. In order to qualify, the drug must be a non-opioid analgesic, demonstrate substantial clinical improvement through a process developed by the Secretary, and either be receiving pass through payment at the time of enactment or be a new drug coming to market after enactment of the bill.
				Increases screening and thus, early detection of potential opioid use disorder, upon a beneficiary's entry into the Medicare program.
				Freezes payments for certain non-opioid treatments administered in Ambulatory Surgery Centers (ASCs) for five defined Healthcare Common Procedure Coding System codes at the 2016 level for four years.
				Requires that prescriptions for a schedule II, III, IV, or V controlled substance covered under a part D prescription drug plan or MA-PD plan be transmitted in accordance with an electronic prescription drug program starting by January 1, 2021.
				Offering drug management programs for at-risk beneficiaries is currently voluntary, but would be made mandatory for all Medicare prescription drug plans by plan year 2021.
				Expands Medicare coverage to include Opioid Treatment Programs (OTPs) for the purposes of delivering Medication-Assisted Treatment (MAT) to expand access to treatment options for Medicare beneficiaries. Under the provision Medicare will pay OTPs through bundled payments made for holistic services, including necessary medications, counseling, and testing.
				Requires the Food and Drug Administration to hold at least one public meeting to address the challenges and barriers of developing non-addictive medical products intended to treat pain or addiction.
Authorizes grants to Federal, State, and local agencies to establish and operate laboratories to detect synthetic opioids and develop standards for the handling and testing of fentanyl, its analogues, and other synthetic opioids.				
Increases the number of waived health providers that can prescribe or dispense approved buprenorphine medications under the Drug Addiction Treatment Act of 2000 (DATA 2000) by authorizing clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists to prescribe buprenorphine for five years. In addition, this provision makes permanent the prescribing authority for physician assistants and nurse practitioners and permits a waived practitioner to immediately start treating 100 patients at a time with buprenorphine (skipping the initial 30 patient cap) if the practitioner has board certification in addiction medicine or addiction psychiatry; or if practitioner provides medication-assisted treatment (MAT) in a qualified practice setting.				
H.R. 5797	Individuals in Medicaid Deserve Care that is Appropriate and Responsible in its Delivery (IMD CARE) Act	Rep. Mimi Walters [R-CA]	Passed House 06/20/2018	Allows state Medicaid programs from FY2019 through FY2023 to remove the Institutions for Mental Diseases (IMD) exclusion for Medicaid beneficiaries aged 21-64 with a opioid use disorder. This bill improves the continuum of care by removing a barrier to care under current law, so Medicaid would pay for up to 30 total days of care in an IMD during a 12-month period and eligible individuals can get the care they need.
H.R. 6082	Overdose Prevention and Patient Safety (OPPS) Act	Rep. Markwayne Mullin [R-OK]		Aligns 42 CFR Part 2 with HIPAA's consent requirements for the purposes of TPO, which will allow for the appropriate sharing of substance use disorder records to ensure persons with opioid use disorder and other substance use disorders receive the integrated care they need. Additionally, this legislation strengthens protections of patient records.
H.R. 5590	Opioid Addiction Action Plan Act	Rep. Adam Kinzinger [R-IL]	Passed House 06/19/2018	Will establish an action plan, including studies, reports to Congress authored by HHS, as well as meetings with stakeholders, for the purpose of addressing the opioid crisis.
H.R. 5605	Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act	Rep. Raul Ruiz [D-CA]		Would create a demonstration project for an Alternative Payment Model for treating substance use disorder. This model includes the development of measures to evaluate the quality and outcomes of treatment.
H.R. 5796	Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act of 2018	Rep. Brian Fitzpatrick [R-PA]		Directs CMS to work with eligible entities, including Quality Improvement Organizations, to engage in outreach with prescribers identified as clinical outliers to share best practices to evaluate their prescribing behavior.
H.R. 3192	CHIP Mental Health Parity Act	Rep. Joseph Kennedy, III [D-MA]		Requires all CHIP plans to cover treatment of mental illness and substance use disorders.
H.R. 4005	Medicaid Reentry Act	Rep. Paul Tonko [D-NY]		Amends title XIX (Medicaid) of the Social Security Act to allow state Medicaid programs to receive federal matching dollars for medical services furnished to an incarcerated individual during the 30-day period preceding the individual's release.

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H.R. 5801	Medicaid Providers Are Required To Note Experiences in Record Systems to Help In-need Patients (PARTNERSHIP) Act	Rep. Morgan Griffith [R-VA]	Passed House 06/19/2018	Requires the Medicaid program in each state to integrate prescription drug monitoring act (PDMP) usage into a Medicaid provider's clinical workflow and require such providers to check the PDMP before prescribing a Schedule II controlled substance. The bill also establishes standard criteria that a PDMP must meet to be counted as a qualified PDMP and requires state Medicaid programs to report to CMS on several PDMP issues.
H.R. 5811	To amend the Federal Food, Drug, and Cosmetic Act with respect to postapproval study requirements for certain controlled substances, and for other purposes	Rep. Jerry McNerney [D-CA]		Will enhance FDA's authorities and enforcement tools to ensure timely post-marketing studies for chronically administered opioids. Currently, there is limited data on the long-term efficacy of opioids, their increased addictive tendencies over time, and their overall place in the treatment of pain.
H.R. 5774	Combating Opioid Abuse for Care in Hospitals (COACH) Act	Rep. Carlos Curbelo [R-FL]		Requires the Secretary of HHS to develop guidance on pain management and opioid use disorder prevention strategies for hospitals receiving payment under Medicare Part A. This will be done in consultation with medical professional organizations, health care providers, and health care "consumers" or groups representing them.
H.R. 5775	Providing Reliable Options for Patients and Educational Resources (PROPER) Act	Rep. Erik Paulsen [R-MN]		Requires Medicare Advantage plans and part D prescription drug plans to include information on the risks associated with opioids, and coverage of certain nonopioid treatments used to treat pain.
H.R. 5773	Preventing Addiction for Susceptible Seniors (PASS) Act	Rep. Peter Roskam [R-IL]		Requires Medicare Part D plans to establish drug management programs for at-risk beneficiaries beginning in 2021.
H.R. 5676	Stop Excessive Narcotics in our Retirement (SENIOR) Communities Act	Rep. Tom MacArthur [R-NJ]		Authorizes the suspension of payments by Part D plans pending investigations of credible allegations of fraud by pharmacies.
H.R. 5723	Expanding Oversight of Opioid Prescribing and Payment Act	Rep. Claudia Tenney [R-NY]		Requires the Medicare Payment Advisory Commission to report to Congress on: (1) how Medicare pays for opioid and non-opioid pain management treatments in inpatient and outpatient hospital settings; (2) current incentives for prescribing opioid and non-opioid treatments under Medicare inpatient and outpatient prospective payment systems, along with recommendations to address any identified adverse incentives; and (3) how opioid use is currently tracked and monitored through Medicare and any areas for improvement.
H.R. 5687	Securing Opioids and Unused Narcotics with Deliberate (SOUND) Disposal and Packaging Act of 2018	Rep. Richard Hudson [R-NC]		Directs FDA to work with manufacturers to establish programs for efficient return or destruction of unused Schedule II drugs, with an emphasis on opioids. These methods could include mail-back pouches to secure facilities for incineration, or methods to immediately inactivate/render unattractive unused drugs. In addition, this bill will facilitate utilization of packaging that may reduce overprescribing of opioids. Finally, this bill will require the nonpartisan Government Accountability Office (GAO) to study new and innovative technologies that claim to be able to safely dispose of opioids and other unused medications. GAO would review and detail the effectiveness of these disposal methods.
H.R. 5762	Joint Task Force to Combat Opioid Trafficking Act	Rep. Jim Lavegin [D-RI]		Amends the Homeland Security Act of 2002 to authorize a Joint Task Force to enhance integration of the Department of Homeland Security's border security operations to detect, interdict, disrupt, and prevent narcotics, such as fentanyl and other synthetic opioids, from entering the United States.
H.R. 6110	To amend title XVIII of the Social Security Act to provide for the review and adjustment of payments under the Medicare outpatient prospective payment system to avoid financial incentives to use opioids instead of non-opioid alternative treatments, and for other purposes.	Rep. Jackie Walorski [R-IN]		Would direct the Department of Health and Human Services (HHS) to study ways to improve access to non-opioid pain management treatments. HHS would solicit stakeholder feedback, conduct a study, and submit recommendations to Congress improving payment, coverage, and coding policies related to the use of multi-disciplinary, evidence-based non-opioid treatments for acute and chronic pain management for beneficiaries enrolled in Medicare Part A or B. The study would include an evaluation of possible coverage and payment barriers that prevent Medicare beneficiaries from accessing non-opioid alternative pain treatments and technologies.
H.R. 2851	Stop the Importation and Trafficking of Synthetic Analogues (SITSA) Act of 2017	Rep. John Katko [R-NY]	Passed House 06/15/2018	Amends the Controlled Substances Act to clarify how controlled substance analogues are to be regulated.
H.R. 5735	Transitional Housing for Recovery in Viable Environments (THRIVE) Demonstration Program Act	Rep. Andy Barr [R-KY]	Passed House 06/14/2018	Establishes a demonstration program to set aside section 8 housing vouchers for supportive and transitional housing for individuals recovering from opioid use disorders or other substance use disorders.
H.R. 5788	Securing the International Mail Against Opioids Act of 2018	Rep. Mike Bishop [R-MI]		Requires the Postal Service to obtain advance electronic data on its shipments and transmit that data to Customs and Border Protection (CBP) so that it can target high-risk international mail shipments, including those containing fentanyl.
H.R. 5294	Treating Barriers to Prosperity Act of 2018	Rep. Lou Barletta [R-PA]	Passed House 06/13/2018	Allows the Appalachian Regional Commission to support projects and activities addressing drug abuse, including opioid abuse.
H.R. 5752	Stop Illicit Drug Importation Act of 2018	Rep. Marsha Blackburn [R-TN]		Will streamline and enhance FDA's tools to intercept illegal products. Illicit or unapproved drugs enter the U.S. supply chain through IMFs and pose serious public health threats to individuals across the country.
H.R. 6029	Reauthorizing and Extending Grants for Recovery from Opioid Use Programs (REGROUP) Act of 2018	Rep. Keith Rothfus [R-PA]		Reauthorizes the comprehensive opioid abuse grant program – \$330 million for each of fiscal years 2019 through 2023.
H.R. 5889	Recognizing Early Childhood Trauma Related to Substance Abuse Act of 2018	Rep. Dave Brat [R-VA]		Requires the Department of Health and Human Services to provide states with guidance and technical assistance regarding their plans under the Child Abuse Prevention and Treatment Act for assuring the safe care of infants affected by prenatal substance use.
H.R. 5891	Improving the Federal Response to Families Impacted by Substance Use Disorder Act	Rep. Glenn Grothman [R-WI]		Establishes a task force, known as the "Interagency Task Force to Improve the Federal Response to Families Impacted by Substance Use Disorders", which will be charged with identifying, evaluating, and recommending ways in which federal agencies can better coordinate responses to substance use disorders and the opioid crisis.
H.R. 5892	To establish an Advisory Committee on Opioids and the Workplace to advise the Secretary of Labor on actions the Department of Labor can take to address the impact of opioid abuse on the workplace	Rep. Jason Lewis [R-MN]		Directs the Secretary of Labor to establish an Advisory Committee on Opioids and the Workplace to advise the Secretary on actions the Department of Labor can take to provide informational resources and best practices on how to appropriately address the impact of opioid abuse on the workplace and support workers abusing opioids.
H.R. 2147	Veterans Treatment Court Improvement Act of 2018	Rep. Mike Coffman [R-CO]		Requires the Department of Veterans Affairs (VA) to hire at least 50 Veterans Justice Outreach Specialists, place each one at an eligible VA medical center, and ensure that each one serves as part of a justice team in a veterans treatment court or other veteran-focused court. The VA shall prioritize the placement of specialists at eligible VA medical centers that have an affiliation with such a court that: (1) was established after the date of this bill's enactment, or (2) was established before such date and is not fully staffed with specialists.

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H.R. 4635	To direct the Secretary of Veterans Affairs to increase the number of peer-to-peer counselors providing counseling for women veterans, and for other purposes	Rep. Mike Coffman [R-CO]	Passed House 06/13/2018	Directs the Department of Veterans Affairs (VA) to emphasize appointing peer support counselors for women veterans. The VA shall recruit women peer support counselors with expertise in gender-specific issues and services, VA services and benefits, and employment mentoring.
H.R. 4684	Ensuring Access to Quality Sober Living Act of 2017	Rep. Judy Chu [D-CA]	Passed House 06/12/2018	Authorizes SAMHSA to develop, publish, and disseminate best practices for operating recovery housing that promotes a safe environment and sustained recovery from SUD.
H.R. 5329	Poison Center Network Enhancement Act of 2018	Rep. Susan Brooks [R-IN]		Would reauthorize the national network of Poison Control Centers, which offer free, confidential, expert medical advice 24 hours a day, 7 days a week, oftentimes serving as the primary resource for poisoning information, and helping reduce ER visits through in-home treatment. Over two million poisonings are reported annually to poison control centers.
H.R. 5587	Peer Support Communities of Recovery Act	Rep. Ben Ray Lujan [D-NM]		Would increase the funding for the Comprehensive Addiction and Recovery Act's Building Communities of Recovery Program and authorize HHS to award grants to peer support specialist organizations for the development and expansion of recovery services.
H.R. 5812	Creating Opportunities that Necessitate New and Enhanced Connections That Improve Opioid Navigation Strategies (CONNECTIONS) Act	Rep. Morgan Griffith [R-VA]		Improves current federal support for Prescription Drug Monitoring Programs (PDMPs) by requiring a coordinated effort amongst the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Office of the National Coordinator for Health Information Technology to improve surveillance, data collection, and integration into physician clinical workflow so that timely, complete and accurate information will get into the hands of providers and dispensers, so they are able to make the best clinical decisions for their patients.
H.R. 5583	To amend title XI of the Social Security Act to require States to annually report on certain adult health quality measures, and for other purposes.	Rep. Yvette Clarke [D-NY]		Requires state Medicaid programs to report on the 11 behavioral health measures that are included in CMS's 2018 Core Set of Adult Health Care Quality Measures for Medicaid.
H.R. 5800	Medicaid IMD ADDITIONAL INFO Act	Rep. Fred Upton [R-MI]		Directs the Medicaid and CHIP Payment and Access Commission (MACPAC) to conduct a study on institutions for mental disease that receive Medicaid reimbursement. The study shall report on the requirements and standards that state Medicaid programs have in place for IMDs. MACPAC, considering input from stakeholders, shall summarize the findings and make recommendations on best practices and data collection. The report is due no later than January 2020.
H.R. 5228	Stop Counterfeit Drugs by Regulating and Enhancing Enforcement Now (SCREEN) Act	Rep. Frank Pallone [D-NJ]		Will provide the Food and Drug Administration (FDA) with stronger recall and seizure authority to disrupt the entry of counterfeit and illicit drugs through International Mail Facilities (IMFs).
H.R. 449	Synthetic Drug Awareness Act of 2017	Rep. Hakeem Jeffries [D-NY]		Requires the Surgeon General to report to Congress on the public health effects of the increased use since January 2010 by individuals who are 12 to 18 years old of drugs developed and manufactured to avoid control under the Controlled Substances Act (e.g., synthetic marijuana, also known as "spice," and synthetic amphetamines, also known as "bath salts").
H.R. 4284	Indexing Narcotics, Fentanyl, and Opioids (INFO) Act of 2017	Rep. Latta, Robert E. [R-OH-5]		Direct HHS to create a public and easily accessible electronic dashboard linking to all of the nationwide efforts and strategies to combat the opioid crisis.
H.R. 5002	Advancing Cutting Edge (ACE) Research Act	Rep. Debbie Dingell [D-MI]		Will provide the National Institutes of Health (NIH) with new, flexible authorities to conduct innovative research spur urgently needed research on new non-addictive pain medications.
H.R. 5102	Substance Use Disorder Workforce Loan Repayment Act of 2018	Rep. Katherine Clark [D-MA]		Creates a loan repayment program for SUD treatment providers. Specifically, the bill will offer student loan repayment of up to \$250,000 for participants who agree to work as a SUD treatment professional in areas most in need of their services. The program will be available to a wide range of direct care providers, including physicians, registered nurses, social workers, and other behavioral health professionals.
H.R. 5009	Jessie's Law	Rep. Walberg, Tim [R-MI-7]		Requires HHS to develop and disseminate best practices regarding the prominent display of SUD history in patient records of patients who have previously provided this information to a health care provider.
H.R. 5176	Preventing Overdoses While in Emergency Rooms (POWER) Act	Rep. David McKinley [R-WV]		Provides resources for hospitals to develop protocols on discharging patients who have presented with an opioid overdose. These protocols would address the provision of naloxone upon discharge, connection with peer-support specialists, and the referral to treatment and other services that best fit the patient's needs.
H.R. 5197	Alternatives to Opioids (ALTO) in the Emergency Department Act	Rep. Bill Pascrell, Jr. [D-NJ]		Would establish a demonstration program to test alternative pain management protocols to limit to use of opioids in hospital emergency departments. The legislation would provide grant funding to build these programs. Following the completion of the program, the Secretary of Health and Human Services will submit a report to Congress on the results of the program and issue recommendations for broader implementation.
H.R. 5261	Treatment, Education, and Community Help (TEACH) to Combat Addiction Act of 2018	Rep. Bill Johnson [R-OH]		Supports Centers of Excellence, or institutions of learning that have championed SUD treatment and pain management education to improve how health professionals are taught about both SUD and pain.
H.R. 5272	Reinforcing Evidence-Based Standards Under Law in Treating Substance Abuse Act of 2018	Rep. Steve Stivers [R-OH]		Requires entities applying for funding that would be used to support programs or activities that address mental health or SUD, submit materials to HHS demonstrating that the programs or activities are evidence-based.
H.R. 5327	Comprehensive Opioid Recovery Centers Act of 2018	Rep. Brett Guthrie [R-KY]		Will help with the establishment of Comprehensive Opioid Recovery Centers (CORCs) that will serve as models for comprehensive treatment and recovery. CORCs would utilize the full range of FDA-approved medications and evidence-based treatments, have strong linkages with the community, generate meaningful outcomes data, and dramatically improve the opportunities for individuals to establish and maintain long-term recovery as productive members of society.
H.R. 5353	Eliminating Opioid-Related Infectious Diseases Act of 2018	Rep. Leonard Lance [R-NJ]	Authorizes the CDC to undertake an injection drug use-associated infection elimination initiative and work with states to improve education, surveillance and treatment of injection drug-use associated infections, like human immunodeficiency virus (HIV) and hepatitis.	
H.R. 3331	To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology	Rep. Lynn Jenkins [R-KS]	Amends title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology.	

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H.R. 5685	Medicare Opioid Safety Education Act	Rep. John Faso [R-NY]	Passed House 06/12/2018	Requires the Centers for Medicare & Medicaid Services to provide Medicare beneficiaries with educational resources regarding opioid use and pain management, as well as descriptions of covered alternative (non-opioid) pain-management treatments.
H.R. 5582	Abuse Deterrent Access Act of 2018	Rep. Buddy Carter [R-GA]		Requires the Centers for Medicare & Medicaid Services to report to Congress on the adequacy of access to abuse-deterrent opioid formulations for individuals with chronic pain enrolled in a prescription drug plan under Medicare or Medicare Advantage (MA). The report must account for any barriers preventing enrollees from accessing such formulations under Medicare or MA.
H.R. 5473	Better Pain Management Through Better Data Act of 2018	Rep. Barbara Comstock [R-VA]		Will facilitate better clinical data on non-opioid alternatives so doctors have more prescribing options and fewer opioids are prescribed, lowering the rate of addiction.
H.R. 4275	Empowering Pharmacists in the Fight Against Opioid Abuse Act	Rep. DeSaulnier, Mark [D-CA]		Requires the DEA to develop and disseminate training programs and materials on: (1) the circumstances under which a pharmacist may refuse to fill a controlled substance prescription suspected to be fraudulent, forged, or indicative of abuse or diversion; and (2) federal requirements related to such refusal.
H.R. 5041	Safe Disposal of Unused Medication Act	Rep. Walberg, Tim [R-MI]		Allows hospice workers the legal authority to safely dispose of unused medication in patients' homes to reduce the risk of diversion.
H.R. 5483	Special Registration for Telemedicine Clarification Act of 2018	Rep. Buddy Carter [R-GA]		Creates clarity on a special registration process for telemedicine providers to register with DEA.
Disc. Draft	Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018	Sen. Orrin Hatch [R-UT]	Approved by Finance Committee 06/12/2018	<p>Requires the Secretary of HHS to develop and issue guidance to States identifying opportunities to support family-focused residential treatment programs for the provision of substance use disorder treatment.</p> <p>Secretary of HHS to conduct research on and evaluate how family recovery and reunification programs can be deployed using a recovery coach model in cases where parents or guardians with SUD have temporarily lost custody of their children. Authorizes a \$15 million program from FY19-FY26 to study, assess, and evaluate implementation of such activities.</p> <p>Authorizes \$20 million in grants from FY19-FY23 for purposes of developing, enhancing, or evaluating family-focused residential treatment programs to increase the availability of such programs that meet the requirements for promising, supported, or well-supported practices.</p> <p>Authorizes payments to states for development of capitated payments for certain services in an IMD that are paid through Managed Care Organizations (MCOs) and Prepaid Inpatient Health Plans (PIHPs).</p> <p>Authorizes Medicaid state plans to enter into provider agreements with residential pediatric recovery centers for infants with the diagnosis of neonatal abstinence syndrome without any other significant medical risk factors.</p> <p>Requires a GAO report on the provision of peer support services under Medicaid, including on how such services can be accessed and recommendations on improving the quality and access to such services.</p> <p>Expands availability of medical assistance under Medicaid provided outside of an IMD in certain cases where the woman is eligible for medical assistance on the basis of being pregnant (including through the end of the 10 month in which the 60-day period beginning on the last day of her pregnancy ends) and is a patient in an institution for mental diseases for purposes of receiving treatment for a substance use disorder, and who was enrolled for medical assistance under the State plan immediately before becoming a patient in an institution for mental diseases or who becomes eligible to enroll for such medical assistance while such a patient.</p> <p>Any State that provides medical assistance for covered outpatient drugs shall not impose a maximum lifetime limit on medical assistance for medication-assisted treatments for substance use disorders that have been approved by the Food and Drug Administration.</p> <p>Requires HHS to issue guidance to states on state options for Federal reimbursement of expenditures under Medicaid for furnishing services and treatment for substance use disorders, including assessment, medication-assisted treatment, counseling, and medication management, using telehealth services.</p> <p>Requires the Comptrollers General to evaluate children's access to treatment and services for substance use disorder under Medicaid. Requires CMS Administrator to report to Congress on best practices and providing possible solutions to reducing barriers to providing telehealth services to furnish SUD treatment and services to the pediatric population un Medicaid.</p> <p>Requires CMS Administrator to issue final guidance documents to States regarding mandatory and optional items and services that may be provided for non-opioid treatment and management of pain.</p> <p>Requires a GAO study on the barriers faced by various MAT models used by states for SUD treatment. The report will include barriers to purchasing, sorting and dispensing the treatment medications and well as the state of beneficiary access, costs to the Medicaid system and, the willingness of providers to prescribe MAT.</p> <p>Allows states to expand Medicaid access to state prescription drug monitoring programs (PDMPs) to providers and MA plans.</p> <p>Requires HHS to publish data related to the prevalence of substance use disorders in the Medicaid beneficiary population and the treatment of substance use disorders under Medicaid to include the type substance use disorder treatment services by each major type of service, such as counseling, medication assisted treatment, peer support, outpatient, residential treatment, inpatient care, and other home and community-based settings.</p> <p>Requires HHS to provide educational resources regarding opioid use and pain management as part of the Medicare &amp; You handbook.</p> <p>Requites HHS to include screening for potential substance use disorders and a review of any current opioid prescriptions as part of the initial preventive physical examination and the annual wellness visit under the Medicare program.</p> <p>Directs HHS to expand the use of telehealth services for the treatment of opioid use disorder and other substance use disorders in Medicare.</p> <p>Requires e-prescribing for coverage under Part D of the Medicare program of all prescription drugs that are controlled substances.</p> <p>Adds physician assistants, nurse practitioners, and other advance practice nurses to the list of providers manufacturers must include information regarding payments made to in transparency reports.</p> <p>Adds new program integrity transparency measures to Part C and Part D to include a secure Internet website portal to enhance communication between CMS and plans regarding suspicious or fraudulent activities involving opioids.</p> <p>Requires CMS to provide for the electronic submission for prior authorization for Part D for covered Part D drugs.</p>

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Disc. Draft	Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018	Sen. Orrin Hatch [R-UT]	Approved by Finance Committee 06/12/2018	Requires CMS to, in consultation with stakeholders, establish a threshold, based on specialty and geographic area, for which a prescriber would be considered an outlier opioid prescriber. CMS would then notify prescribers identified as outliers of their status. This process would act as a flag to prescribers to encourage them to evaluate their prescribing practices and to address any erroneous practices.
H.R. 5580	STOP Fentanyl Deaths Act of 2018	Rep. Ann Kuster [D-NH]	Reported by E&C Committee 05/17/18	Will provide grants to federal, state, and local agencies for the establishment or operation of public health laboratories to detect fentanyl, its analogs, and other synthetic opioids.
H.R. 5603	Access to Telehealth Services for Opioid Use Disorder	Rep. Doris Matsui [D-CA]		Instructs the Centers for Medicare and Medicaid Services (CMS) to evaluate the utilization of telehealth services in treating substance use disorder.
H.R. 5798	Opioid Screening and Chronic Pain Management Alternatives for Seniors Act	Rep. Larry Bucshon [R-IN]		Would add a review of current opioid prescriptions and, as appropriate, a screening for opioid use disorder as part of the Welcome to Medicare initial examination.
H.R. 5804	Post-Surgical Injections as an Opioid Alternative Act	Rep. John Shimkus [R-IL]		Seeks to incentivize post-surgical injections as a pain treatment alternative to opioids by reversing a reimbursement cut for these treatments in the Ambulatory Service Center setting, as well as collect data on a subset of codes related to these treatments.
H.R. 5809	Postoperative Opioid Prevention Act of 2018	Rep. Scott Peters [D-CA]		Would create a pass through payment to encourage the development of non-opioid drugs for post-surgical pain management in Medicare.
H.R. 5715	Strengthening Partnerships to Prevent Opioid Abuse Act	Rep. James Renacci [R-OH]		Would help facilitate communication among Medicare Advantage (MA) organizations, Part D plan sponsors, and CMS relating to substantiated fraud, waste, and abuse investigations.
H.R. 5716	Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act	Rep. Peter Roskam [R-IL]		Requires CMS to establish a prescriber threshold based on specialty and geographic area, which could designate a prescriber as an outlier opioid prescriber. CMS would then be responsible for notifying prescribers identified as outliers of their status.
H.R. 1925	At-Risk Youth Medicaid Protection Act of 2017	Rep. Tony Cardenas [D-CA]		Prohibits state Medicaid programs from terminating a juvenile's medical assistance eligibility because the juvenile is incarcerated. A state may suspend coverage while the juvenile is an inmate, but must restore coverage upon release without requiring a new application unless the individual no longer meets the eligibility requirements for medical assistance. A state must process an application submitted by, or on behalf of, an incarcerated juvenile, notwithstanding that the juvenile is an inmate.
H.R. 4998	Health Insurance for Former Foster Youth Act	Rep. Karen Bass [D-CA]		The Patient Protection and Affordable Care Act (PPACA) enabled former foster youth who are in care by their 18th birthday and previously enrolled in Medicaid to receive healthcare until the age of 26. However, PPACA did not extend Medicaid coverage to former foster youth if they move out of state. This bill amends current law to allow such foster youth to continue to receive Medicaid benefits even if they move to another state.
H.R. 5477	Rural Development of Opioid Capacity Services Act	Rep. Tom O'Halleran [D-AZ]		Requires CMS to carry out a demonstration project to provide an enhanced Federal matching rate for state Medicaid expenditures related to the expansion of substance-use treatment and recovery services targeting provider capacity.
H.R. 5789	To amend title XIX of the Social Security Act to provide for Medicaid coverage protections for pregnant and postpartum women while receiving inpatient treatment for a substance use disorder	Rep. Bill Foster [D-IL]		Improves access to inpatient treatment services for women with substance use disorder who are pregnant or who are suffering from postpartum depression.
H.R. 5799	Medicaid DRUG Improvement Act	Rep. Marsha Blackburn [R-TN]		Builds on current state Medicaid drug utilization review activities to help combat the opioid crisis. Under the bill, state Medicaid programs will be required to have safety edits in place for opioid refills, monitor concurrent prescribing of opioids and certain other drugs, and monitor antipsychotic prescribing for children.
H.R. 5808	Medicaid Pharmaceutical Home Act of 2018	Rep. Gus Bilirakis [R-FL]		Requires all state Medicaid programs to have a beneficiary assignment program that identifies Medicaid beneficiaries at-risk for substance use disorder and assigns them to a pharmaceutical home program. The pharmaceutical home program must set reasonable limits on the number of prescribers and dispensers that beneficiaries may utilize.
H.R. 5810	Medicaid Health HOME Act	Rep. Leonard Lance [R-NJ]		Will improve the state option for Medicaid health homes under current law that improve the coordination of, and access to care for Medicaid beneficiaries with substance use disorder. The bill extends the enhanced matching rate for qualified activities from eight quarters to 10 quarters.
H.R. 5806	21st Century Tools for Pain and Addiction Treatments	Rep. Michael Burgess [R-TX]		Directs the FDA to issue or update existing guidance on ways these existing pathways can be used to bring novel non-addictive treatments for pain and addiction to patients. Several approaches have proven successful in speeding the availability of treatments for serious diseases through the FDA. The FDA's accelerated approval program facilitates faster approval of medications using surrogate endpoints for serious conditions where there is an unmet medical need. The breakthrough therapy pathway is a process designed to expedite the development and review of drugs, which may demonstrate substantial improvement over available therapy.
H.R. 5776	Medicare and Opioids Safe Treatment (MOST) Act	Rep. Richard Neal [D-MA]	Reported by W&M Committee 05/16/18	Provides Medicare coverage of certain services furnished by opioid treatment programs including 1) opioid agonist treatment medications (including oral versions) that are approved by FDA; 2) substance abuse counseling by a professional; 3) behavioral individual and group therapy with physicians or psychologists; and 4) toxicology testing and other times that the Secretary deems appropriate.
H.R. 3528	Every Prescription Conveyed Securely Act	Reps. Katherine Clark [D-MA]	Reported by E&C Committee 05/09/18	Requires e-prescribing, with exceptions, for coverage of prescription drugs that are controlled substances under the Medicare Part D program.
H.R. 4841	Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018	Rep. David Schweikert [R-AZ]		Seeks to standardize electronic prior authorization under Medicare Part D.
H.R. 5675	To amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries	Rep. Gus Bilirakis [R-FL]		Requires prescription drug plan sponsors under the Medicare program establish drug management programs for at-risk beneficiaries.
H.R. 5686	Medicare Clear Health Options in Care for Enrollees (CHOICE) Act	Rep. Erik Paulsen [R-MN]		Aims to educate seniors about non-opioid alternative pain treatments and on ways to safely dispose of addictive painkillers.
H.R. 5684	Protecting Seniors from Opioid Abuse Act	Rep. Mike Kelly [R-PA]		Would expand eligibility to Medication Therapy Management (MTM) programs for Medicare beneficiaries who are at-risk for prescription drug abuse as determined by the Secretary of Health and Human Services (HHS).

Bill No.	Bill Title	Sponsor	Status	Description
H.R. 5202	Ensuring Patient Access to Substance Use Disorder Treatments Act of 2018	Rep. Costello, Ryan [R-PA]	Reported by E&C Committee 05/09/18	Updates federal law to improve the dispensing of implantable and injectable therapies – developed to make abuse, misuse, and diversion more difficult.
S. 2680	Opioid Crisis Response Act of 2018	Sen. Lamar Alexander [R-TN]	Reported by HELP Committee 04/24/2018	<p>Increases flexibility for NIH to approve projects that address the opioids crisis more quickly and efficiently, including finding a new, non-addictive painkiller, this would allow NIH to use “other transactional authority” for research to respond to public health threats.</p> <p>Clarifies the development and regulatory pathways for new non-addictive and non-opioid pain products.</p> <p>Updates the funding formula authorized by the 21st Century Cures Act to account for the number of overdose deaths in each state and allow the funds to be used until they run out, rather than requiring states to spend them within the fiscal year.</p> <p>Authorizes a grant program for entities to establish or operate a comprehensive opioid recovery center and would require centers to serve as a resource for the community.</p> <p>Requires the HHS Secretary to issue a report on federal and state opioid prescribing laws, including the impact on overdose rates, diversion, and individuals for whom opioids are medically appropriate.</p> <p>Expands a grant program from the Comprehensive Addiction and Recovery Act (CARA), which was designed to allow first responders to administer a drug or device, like naloxone, to treat an opioid overdose.</p> <p>Requires the CDC to disseminate information to providers and the public, and support provider education, including through prescribing</p> <p>Requires the HHS Secretary to identify best practices and establish a grant program for the provision of care, overdose reversal medication, and follow up services to an individual after an overdose. Grantees would be required to offer recovery coaches, individuals with personal experience with addiction and recovery, to persons who experience an overdose to help assist in their recovery.</p> <p>Requires the HHS Secretary to provide technical assistance related to the use of alternatives to opioids, including for common painful conditions and certain patient populations, such as geriatric patients, pregnant women, and children.</p> <p>Authorizes \$5 million for each of FYs 2019 through 2023 for the Alternatives to Opioids (ALTO) program.</p> <p>Requires HHS to provide technical assistance and support to organizations providing peer support services related to substance use disorder.</p> <p>Awards grants to carry out activities including PDMPs, innovative projects, and research.</p> <p>Provides support to States, localities, and tribes to collect, analyze, and disseminate controlled substance overdose data.</p> <p>New CDC program would disseminate information to providers and the public (including about prescribing and dispensing options related to partial fills of controlled substances), and support provider education, including through prescribing guidelines.</p> <p>Authorizes substance-exposed infant grants to facilitate collaboration and coordination between the agencies responsible for carrying out plans, and extend critical state technical assistance programs.</p> <p>Clarifies DEA’s ability to develop a regulation to allow qualified providers to prescribe controlled substances in limited circumstances via telemedicine.</p> <p>Allows community mental health and addiction treatment centers to register with DEA to treat patients through the use of telemedicine.</p> <p>Codifies the ability for practitioners to prescribe MAT for up to 275 patients.</p> <p>Permits implantable or injectable buprenorphine products, and intrathecal pumps, to be delivered by a pharmacy to an administering provider.</p> <p>Streamlines federal requirements for PDMPs so doctors and pharmacies can know if patients have a history of substance use.</p> <p>Jessie’s Law - Requires HHS to develop best practices for prominently displaying opioid abuse history information in electronic health records, when requested by the patient.</p> <p>Includes provisions to identify model training programs on how to protect and appropriately disclose confidential substance use disorder medical records for health care providers, patients, and their families.</p> <p>Allows mental and behavioral health providers participating in the National Health Services Corps to provide services in schools and other community-based settings.</p> <p>Provides loan repayment to substance use disorder treatment providers, including masters level, licensed substance use disorder counselors, for practicing in substance use disorder treatment facilities and other health care settings in underserved areas through the National Health Service Corps.</p> <p>Updates and improves HRSA resources to assess, diagnose, prevent, treat, and manage acute or chronic pain, as well as to detect the early warning signs of opioid use disorders.</p>