



House & Senate Conference Negotiation on Opioids Policy Select Provisions of Importance to Health Care Providers

H.R. 6,
SUPPORT for Patients and Communities Act
Passed House on 6/22/18

S. Amdt. 4013 to H.R. 6,
The Opioid Crisis Response Act
Passed Senate on 9/17/2018

FUNDING OPPORTUNITIES

Alternatives to Opioids in the ED

Sec. 7092: \$10 million annually for grants to hospitals and emergency clinics to implement alternative pain management treatments that limit opioid prescriptions.

Sec. 1403: \$5 million annually for similar program.

Overdose Prevention & Treatment

Sec. 7202: \$486 million annually for grants to states and localities for evidence-based drug overdose prevention.

Sec. 7082: \$50 million annually for grants to up to 20 emergency rooms to develop best practices for treating non-fatal overdoses, including through longer-term coordination, recovery coaches and medication-assisted treatment.

Sec. 1402: Such sums as necessary for grants to implement programs for the treatment of individuals after an opioid overdose, including the hiring of recovery coaches.

Recovery
Centers

Sec. 550: \$10 million annually for grants to establish at least 10 comprehensive opioid recovery centers that “provide the full continuum of treatment services” for opioid and alcohol use disorders, including medication-assisted treatment, withdrawal management, counseling, housing assistance, job training, and other support.

Sec. 1401: Same.

Centers of
Excellence

Sec. 7112: \$4 million annually for cooperative agreements with competitively selected health systems, teaching hospitals, medical schools, and behavioral health clinics to serve as “regional centers of excellence in substance use disorder education.”

Not included.

Recovery
Transition

Not included.

Sec. 1411: Such sums as necessary for grants to programs that support individuals in recovery from a substance use disorder transition to independent living and the workforce.

MEDICARE

Opioid Treatment Programs

Sec. 2007: Creates a bundled payment for Opioid Treatment Program services across a full cycle of care – including testing, counseling, and medication – starting in 2020.

Sec. 2109: Same.

Telehealth

Sec. 2001: Waives geographic and facility requirements for telehealth coverage for treating substance use disorders.

Sec. 2102: Waives geographic requirements and modifies facility requirement to allow patient to be treated at home.

EHR Payment & Delivery Models

Sec. 6001: Authorizes payment and delivery models that include financial incentives for behavioral health providers to adopt and use certified electronic health records.

Sec. 2112: Similar provision. Also allows nurse practitioners to serve as acceptable behavioral health providers.

MEDICAID

Institutions for Mental Disease

Sec. 11001-11003: Allows states to remove IMD exclusion for beneficiaries aged 21 to 64 with an opioid use disorder for fiscal years 2019 to 2023.

Not included.

Sec. 5011-5012: Study on IMDs that receive Medicaid reimbursement.

Not included.

Not included.

Sec. 2206: Pregnant and postpartum women receiving SUD care in an IMD can continue to receive other Medicaid services outside the IMD.

Not included.

Sec. 2207: Permits managed care plans to cover treatment in an IMD in lieu of other types of services

Not included.

Sec. 2203: Directs CMS to issue guidance to states on options for providing services via telehealth that address substance use disorders under Medicaid.

Demo to Increase Capacity

Sec. 1003: Demonstration project to increase the substance abuse treatment capacity of Medicaid providers.

Not included.

Medicaid Health Homes

Sec. 1007: Extends an enhanced federal match for home services to treat individuals with substance use disorders.

Not included.

OTHER PROVISIONS

Medication Assisted Treatment

Sec 3003: Allows a practitioner to provide MAT for as many as 100 patients without waiting a year after receiving an initial waiver.

Authorizes clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists to prescribe MAT for 5 years.

Makes permanent the prescribing authority for physician assistants and nurse practitioners.

Sec. 1406-1408: Allows qualified physicians to prescribe MAT for up to 275 patients.

Allows physicians who have recently graduated in good standing to obtain a waiver to prescribe MAT.

Authorizes a grant program to support development of curriculum that will help health care practitioners obtain a waiver to prescribe MAT.

Patient Privacy: "Jessie's Law"

Sec. 7052: Directs HHS, in consultation with experts and stakeholders, to develop best practices regarding inclusion of opioid addiction history in patient records, when requested by the patient.

Sec. 1508: Directs HHS, in consultation with experts and stakeholders, to develop best practices regarding inclusion of opioid addiction history in patient records, when requested by the patient.