

115TH CONGRESS
2D SESSION

H. R. 5590

IN THE SENATE OF THE UNITED STATES

JUNE 20, 2018

Received; read twice and referred to the Committee on Finance

AN ACT

To require the Secretary of Health and Human Services to provide for an action plan on recommendations for changes under Medicare and Medicaid to prevent opioids addictions and enhance access to medication-assisted treatment, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Opioid Addiction Ac-
3 tion Plan Act”.

4 **SEC. 2. ACTION PLAN ON RECOMMENDATIONS FOR**
5 **CHANGES UNDER MEDICARE AND MEDICAID**
6 **TO PREVENT OPIOIDS ADDICTIONS AND EN-**
7 **HANCE ACCESS TO MEDICATION-ASSISTED**
8 **TREATMENT.**

9 (a) IN GENERAL.—Not later than January 1, 2019,
10 the Secretary of Health and Human Services (in this sec-
11 tion referred to as the “Secretary”), in collaboration with
12 the Pain Management Best Practices Inter-Agency Task
13 Force convened under section 101(b) of the Comprehen-
14 sive Addiction and Recovery Act of 2016 (Public Law
15 114–198), shall develop an action plan that provides rec-
16 ommendations described in subsection (b).

17 (b) ACTION PLAN COMPONENTS.—Recommendations
18 described in this subsection are, based on an examination
19 by the Secretary of potential obstacles to an effective re-
20 sponse to the opioid crisis, recommendations, as deter-
21 mined appropriate by the Secretary, on the following:

22 (1) Recommendations on changes to the Medi-
23 care program under title XVIII of the Social Secu-
24 rity Act and the Medicaid program under title XIX
25 of such Act that would enhance coverage and pay-
26 ment under such programs of all medication-assisted

1 treatment approved by the Food and Drug Adminis-
2 tration for the treatment of opioid addiction and
3 other therapies that manage chronic and acute pain
4 and treat and minimize risk of opioid addiction, in-
5 cluding recommendations on changes to the Medi-
6 care prospective payment system for hospital inpa-
7 tient department services under section 1886(d) of
8 such Act (42 U.S.C. 1395ww(d)) and the Medicare
9 prospective payment system for hospital outpatient
10 department services under section 1833(t) of such
11 Act (42 U.S.C. 1395l(t)) that would allow for sepa-
12 rate payment for such therapies, if medically appro-
13 priate and if necessary to encourage development
14 and adoption of such therapies.

15 (2) Recommendations for payment and service
16 delivery models to be tested by the Center for Medi-
17 care and Medicaid Innovation and other federally
18 authorized demonstration projects, including value-
19 based models, that may encourage the use of appro-
20 priate medication-assisted treatment approved by the
21 Food and Drug Administration for the treatment of
22 opioid addiction and other therapies that manage
23 chronic and acute pain and treat and minimize risk
24 of opioid addiction.

1 (3) Recommendations for data collection that
2 could facilitate research and policy making regarding
3 prevention of opioid addiction and coverage and pay-
4 ment under the Medicare and Medicaid programs of
5 appropriate opioid addiction treatments.

6 (4) Recommendations for policies under the
7 Medicare program and under the Medicaid program
8 that can expand access for rural, or medically under-
9 served communities to the full range of medication-
10 assisted treatment approved by the Food and Drug
11 Administration for the treatment of opioid addiction
12 and other therapies that manage chronic and acute
13 pain and treatment and minimize risk of opioid ad-
14 diction.

15 (5) Recommendations on changes to the Medi-
16 care program and the Medicaid program to address
17 coverage or payment barriers to patient access to
18 medical devices that are non-opioid based treatments
19 approved by the Food and Drug Administration for
20 the management of acute pain and chronic pain, for
21 monitoring substance use withdrawal and preventing
22 overdoses of controlled substances, and for treating
23 substance use disorder.

24 (c) STAKEHOLDER MEETINGS.—

1 (1) IN GENERAL.—Beginning not later than 3
2 months after the date of the enactment of this Act,
3 the Secretary shall convene a public stakeholder
4 meeting to solicit public comment on the components
5 of the action plan recommendations described in
6 subsection (b).

7 (2) PARTICIPANTS.—Participants of meetings
8 described in paragraph (1) shall include representa-
9 tives from the Food and Drug Administration and
10 National Institutes of Health, biopharmaceutical in-
11 dustry members, medical researchers, health care
12 providers, the medical device industry, the Medicare
13 program, the Medicaid program, and patient advo-
14 cates.

15 (d) REQUEST FOR INFORMATION.—Not later than 3
16 months after the date of the enactment of this section,
17 the Secretary shall issue a request for information seeking
18 public feedback regarding ways in which the Centers for
19 Medicare & Medicaid Services can help address the opioid
20 crisis through the development of and application of the
21 action plan.

22 (e) REPORT TO CONGRESS.—Not later than June 1,
23 2019, the Secretary shall submit to Congress, and make
24 public, a report that includes—

1 (1) a summary of recommendations that have
2 emerged under the action plan;

3 (2) the Secretary’s planned next steps with re-
4 spect to the action plan; and

5 (3) an evaluation of price trends for drugs used
6 to reverse opioid overdoses (such as naloxone), in-
7 cluding recommendations on ways to lower such
8 prices for consumers.

9 (f) DEFINITION OF MEDICATION-ASSISTED TREAT-
10 MENT.—In this section, the term “medication-assisted
11 treatment” includes opioid treatment programs, behav-
12 ioral therapy, and medications to treat substance abuse
13 disorder.

Passed the House of Representatives June 19, 2018.

Attest:

KAREN L. HAAS,

Clerk.