

115TH CONGRESS 2D SESSION

# H. R. 5590

## 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-
  - ${\it 2\ tives\ of\ the\ United\ States\ of\ America\ in\ Congress\ assembled},$

### SECTION 1. SHORT TITLE.

- 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-
- care program under title XVIII of the Social Secu-
- 24 rity Act and the Medicaid program under title XIX
- of such Act that would enhance coverage and pay-
- 26 ment under such programs of all medication-assisted

treatment approved by the Food and Drug Administration for the treatment of opioid addiction and other therapies that manage chronic and acute pain and treat and minimize risk of opioid addiction, including recommendations on changes to the Medicare prospective payment system for hospital inpatient department services under section 1886(d) of such Act (42 U.S.C. 1395ww(d)) and the Medicare prospective payment system for hospital outpatient department services under section 1833(t) of such Act (42 U.S.C. 1395l(t)) that would allow for separate payment for such therapies, if medically appropriate and if necessary to encourage development and adoption of such therapies.

(2) Recommendations for payment and service delivery models to be tested by the Center for Medicare and Medicaid Innovation and other federally authorized demonstration projects, including value-based models, that may encourage the use of appropriate medication-assisted treatment approved by the Food and Drug Administration for the treatment of opioid addiction and other therapies that manage chronic and acute pain and treat and minimize risk of opioid addiction.

- (3) Recommendations for data collection that could facilitate research and policy making regarding prevention of opioid addiction and coverage and payment under the Medicare and Medicaid programs of appropriate opioid addiction treatments.
  - (4) Recommendations for policies under the Medicare program and under the Medicaid program that can expand access for rural, or medically underserved communities to the full range of medication-assisted treatment approved by the Food and Drug Administration for the treatment of opioid addiction and other therapies that manage chronic and acute pain and treatment and minimize risk of opioid addiction.
  - (5) Recommendations on changes to the Medicare program and the Medicaid program to address coverage or payment barriers to patient access to medical devices that are non-opioid based treatments approved by the Food and Drug Administration for the management of acute pain and chronic pain, for monitoring substance use withdrawal and preventing overdoses of controlled substances, and for treating substance use disorder.
- (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.
- (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 use				
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				

Clerk.

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