

[DISCUSSION DRAFT]

115TH CONGRESS
2D SESSION

H. R. _____

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.

IN THE HOUSE OF REPRESENTATIVES

M____. _____ introduced the following bill; which was referred to the
Committee on _____

A BILL

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

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

14 (b) ACTION PLAN COMPONENTS.—Recommendations
15 provided under the action plan under subsection (a) shall
16 include recommendations on the following:

17 (1) Recommendations on changes to the Medi-
18 care program under title XVIII of the Social Secu-
19 rity Act and the Medicaid program under title XIX
20 of such Act that would enhance coverage and reim-
21 bursement under such programs of all medication-
22 assisted treatment approved by the Food and Drug
23 Administration for the treatment of opioid addiction
24 and other therapies that manage chronic and acute
25 pain and treat and minimize risk of opioid addiction,
26 including recommendations on—

1 (A) changes to the Medicare prospective
2 payment system for hospital inpatient depart-
3 ment services under section 1886(d) of such
4 Act (42 U.S.C. 1395ww(d)) and the Medicare
5 prospective payment system for hospital out-
6 patient department services under section
7 1833(t) of such Act (42 U.S.C. 1395l(t)) that
8 would allow for separate reimbursement for
9 such therapies to encourage development and
10 adoption of such therapies, if medically appro-
11 priate;

12 (B) at least quarterly updates to the
13 Healthcare Common Procedure Coding System
14 in order to encourage timely adoption of such
15 therapies, if medically appropriate; and

16 (C) withdrawal of coverage of non-abuse
17 deterrent therapy formulations when the Food
18 and Drug Administration has approved an
19 abuse deterrent therapy formulation that has
20 the same, or enhanced, patient outcomes;

21 (2) Recommendations for payment and service
22 delivery models to be tested by the Center for Medi-
23 care and Medicaid Innovation and other federally-
24 authorized demonstration projects, including value-
25 based models, that may encourage the use of appro-

1 appropriate medication-assisted treatment approved by the
2 Food and Drug Administration for the treatment of
3 opioid addiction and other therapies that manage
4 chronic and acute pain and treat and minimize risk
5 of opioid addiction;

6 (3) Recommendations for data collection that
7 can facilitate research and policy making regarding
8 prevention of opioid addiction and coverage and re-
9 imbursement under the Medicare program and the
10 Medicaid program of appropriate opioid addiction
11 treatments.

12 (4) Recommendations for provider education
13 that can expand patient access to the full range of
14 medication-assisted treatment approved by the Food
15 and Drug Administration for the treatment of opioid
16 addiction and other therapies that manage chronic
17 and acute pain and treat and minimize risk of opioid
18 addiction.

19 (5) Recommendations for policies under the
20 Medicare program and under the Medicaid program
21 that can expand access for rural, or medically under-
22 served communities to the full range of medication-
23 assisted treatment approved by the Food and Drug
24 Administration for the treatment of opioid addiction
25 and other therapies that manage chronic and acute

1 pain and treatment and minimize risk of opioid ad-
2 diction.

3 (c) STAKEHOLDER MEETINGS.—

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

10 (2) PARTICIPANTS.—Participants of meetings
11 described in paragraph (1) shall include representa-
12 tives from the Food and Drug Administration and
13 National Institutes of Health, biopharmaceutical in-
14 dustry members, medical researchers, health care
15 providers, the Medicare program, the Medicaid pro-
16 gram, and patient advocates.

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

24 (e) ANNUAL REPORT TO CONGRESS.—Not later than
25 March 1, 2019, the Secretary shall submit to Congress,

1 and make public, a report that includes a summary of
2 steps taken under the action plan, recommendations that
3 have emerged under the action plan, and the Secretary’s
4 planned next steps with respect to the action plan.

5 (f) DEFINITIONS.—In this section:

6 (1) MEDICATION-ASSISTED TREATMENT.—The
7 term “medication-assisted treatment” includes
8 opioid treatment programs, behavioral therapy, and
9 medications to treat substance abuse disorder.

10 **SEC. 2. REPORT ON COVERAGE, CODING, AND REIMBURSE-**
11 **MENT POLICIES UNDER MEDICARE.**

12 (a) IN GENERAL.—Not later than 1 year after the
13 date of the enactment of this Act, the Secretary of Health
14 and Human Services (in this section referred to as the
15 “Secretary”) shall—

16 (1) identify—

17 (A) medical devices that are non-opioid
18 based treatments approved by the Food and
19 Drug Administration for the management of
20 acute pain and chronic pain;

21 (B) medical devices that are non-opioid
22 based treatments approved by the Food and
23 Drug Administration that monitor substance
24 use withdrawal and prevent overdoses of con-
25 trolled substances; and

1 (C) medical devices that are non-opioid
2 based treatments approved by the Food and
3 Drug Administration that treat substance use
4 disorder; and

5 (2) submit to the Committee on Finance of the
6 Senate and the Committees on Ways and Means and
7 Energy and Commerce of the House of Representa-
8 tives, and publish on a public Internet website of the
9 Department of Health and Human Services, a re-
10 port containing recommendations on ways to encour-
11 age the use of such medical devices by individuals
12 entitled to benefits under part A of title XVIII of
13 the Social Security Act and enrolled under part B
14 of such title (including individuals enrolled in a
15 Medicare Advantage plan under part C of such title
16 or in a prescription drug plan under part D of such
17 title) and individuals enrolled under a State plan
18 under title XIX of such Act.

19 (b) CONTENTS.—The report under subsection (a)
20 shall include an analysis of the following, with respect to
21 the Medicare program under title XVIII of the Social Se-
22 curity Act and the Medicaid program under title XIX of
23 such Act:

24 (1) Various opioid alternatives for pain treat-
25 ment that are covered under such programs, that

1 are not covered under such programs, that have lim-
2 ited coverage under such program, or with respect to
3 which there are payment barriers under such pro-
4 grams.

5 (2) Various medical devices that monitor sub-
6 stance use withdrawal and prevent overdose of con-
7 trolled substances that are covered so covered, that
8 are not so covered, that have such limited coverage,
9 or with respect to which there are such payment
10 barriers.

11 (3) Various medical devices that treat substance
12 use disorder and opioid use disorder that are so cov-
13 ered, that are not so covered, that have such limited
14 coverage, or with respect to which there are such
15 payment barriers.

16 (4) Access to payment codes used by health
17 care providers that promote alternative options for
18 pain management therapies without the use of
19 opioids, including minimally invasive pain therapies.

20 (5) Ways to improve communications between
21 Medicare prescription drug plans and Medicare Ad-
22 vantage plans, Medicare and Medicaid health care
23 providers, and Medicare beneficiaries and Medicaid
24 beneficiaries on the potential harm associated with
25 the use of opioids and other controlled substances,

- 1 including the need to safely store and dispose of sup-
- 2 plies relating to the use of opioids and other con-
- 3 trolled substances.