

**Suspend the Rules And Pass the Bill, H.R. 5796, with Amendments**

**(The amendments strike all after the enacting clause and insert a new text and a new title)**

115<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 5796

To require the Secretary of Health and Human Services to provide grants for eligible entities to provide technical assistance to outlier prescribers of opioids.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 15, 2018

Mr. FITZPATRICK (for himself, Mr. CURBELO of Florida, and Mr. THOMPSON of California) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To require the Secretary of Health and Human Services to provide grants for eligible entities to provide technical assistance to outlier prescribers of opioids.

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 “Responsible Education  
3 Achieves Care and Healthy Outcomes for Users’ Treat-  
4 ment Act of 2018” or the “REACH OUT Act of 2018”.

5 **SEC. 2. GRANTS TO PROVIDE TECHNICAL ASSISTANCE TO**  
6 **OUTLIER PRESCRIBERS OF OPIOIDS.**

7 (a) GRANTS AUTHORIZED.—The Secretary of Health  
8 and Human Services (in this section referred to as the  
9 “Secretary”) shall, through the Centers for Medicare &  
10 Medicaid Services, award grants, contracts, or cooperative  
11 agreements to eligible entities for the purposes described  
12 in subsection (b).

13 (b) USE OF FUNDS.—Grants, contracts, and coopera-  
14 tive agreements awarded under subsection (a) shall be  
15 used to support eligible entities through technical assist-  
16 ance—

17 (1) to educate and provide outreach to outlier  
18 prescribers of opioids about best practices for pre-  
19 scribing opioids;

20 (2) to educate and provide outreach to outlier  
21 prescribers of opioids about non-opioid pain manage-  
22 ment therapies; and

23 (3) to reduce the amount of opioid prescriptions  
24 prescribed by outlier prescribers of opioids.

25 (c) APPLICATION.—Each eligible entity seeking to re-  
26 ceive a grant, contract, or cooperative agreement under

1 subsection (a) shall submit to the Secretary an applica-  
2 tion, at such time, in such manner, and containing such  
3 information as the Secretary may require.

4 (d) GEOGRAPHIC DISTRIBUTION.—In awarding  
5 grants, contracts, and cooperative agreements under this  
6 section, the Secretary shall prioritize establishing technical  
7 assistance resources in each State.

8 (e) DEFINITIONS.—In this section:

9 (1) ELIGIBLE ENTITY.—The term “eligible enti-  
10 ty” means—

11 (A) an organization—

12 (i) that has demonstrated experience  
13 providing technical assistance to health  
14 care professionals on a State or regional  
15 basis; and

16 (ii) that has at least—

17 (I) one individual who is a rep-  
18 resentative of consumers on its gov-  
19 erning body; and

20 (II) one individual who is a rep-  
21 resentative of health care providers on  
22 its governing body; or

23 (B) an entity that is a quality improve-  
24 ment entity with a contract under part B of

1 title XI of the Social Security Act (42 U.S.C.  
2 1320e et seq.).

3 (2) OUTLIER PRESCRIBER OF OPIOIDS.—The  
4 term “outlier prescriber of opioids” means a pre-  
5 scriber, identified by the Secretary of Health and  
6 Human Services (through use of prescriber informa-  
7 tion provided by prescriber National Provider Identifi-  
8 fiers included pursuant to section 1860D–4(c)(4)(A)  
9 of the Social Security Act (42 U.S.C. 1395w–  
10 104(c)(4)(A)) on claims for covered part D drugs for  
11 part D eligible individuals enrolled in prescription  
12 drug plans under part D of title XVIII of such Act  
13 (42 U.S.C. 1395w–101 et seq.) and MA–PD plans  
14 under part C of such title (42 U.S.C. 1395w–21 et  
15 seq.)) as prescribing, as compared to other pre-  
16 scribers in the specialty of the prescriber and geo-  
17 graphic area, amounts of opioids in excess of a  
18 threshold (and other criteria) specified by the Sec-  
19 retary, after consultation with stakeholders.

20 (3) PRESCRIBERS.—The term “prescriber”  
21 means any health care professional, including a  
22 nurse practitioner or physician assistant, who is li-  
23 censed to prescribe opioids by the State or territory  
24 in which such professional practices.

1 (f) FUNDING.—For purposes of implementing this  
2 section, the Secretary of Health and Human Services shall  
3 provide for the transfer from the Federal Supplementary  
4 Medical Insurance Trust Fund established under section  
5 1841 of the Social Security Act (42 U.S.C. 1395t) to the  
6 Centers for Medicare & Medicaid Services Program Man-  
7 agement Account of \$75,000,000 for fiscal year 2019.  
8 Amounts transferred under this subparagraph shall re-  
9 main available until expended.

10 **SEC. 3. PROMOTING VALUE IN MEDICAID MANAGED CARE.**

11 Section 1903(m) of the Social Security Act (42  
12 U.S.C. 1396b(m)) is amended by adding at the end the  
13 following new paragraph:

14 “(7)(A) With respect to expenditures described in  
15 subparagraph (B) that are incurred by a State for any  
16 fiscal year after fiscal year 2025 (and before fiscal year  
17 2029), in determining the pro rata share to which the  
18 United States is equitably entitled under subsection  
19 (d)(3), the Secretary shall substitute the Federal medical  
20 assistance percentage that applies for such fiscal year to  
21 the State under section 1905(b) (without regard to any  
22 adjustments to such percentage applicable under such sec-  
23 tion or any other provision of law) for the percentage that  
24 applies to such expenditures under section 1905(y).

1 “(B) Expenditures described in this subparagraph,  
2 with respect to a fiscal year to which subparagraph (A)  
3 applies, are expenditures incurred by a State for payment  
4 for medical assistance provided to individuals described in  
5 subclause (VIII) of section 1902(a)(10)(A)(i) by a man-  
6 aged care entity, or other specified entity (as defined in  
7 subparagraph (D)(iii)), that are treated as remittances be-  
8 cause the State—

9 “(i) has satisfied the requirement of section  
10 438.8 of title 42, Code of Federal Regulations (or  
11 any successor regulation), by electing—

12 “(I) in the case of a State described in  
13 subparagraph (C), to apply a minimum medical  
14 loss ratio (as defined in subparagraph (D)(ii))  
15 that is at least 85 percent but not greater than  
16 the minimum medical loss ratio (as so defined)  
17 that such State applied as of May 31, 2018; or

18 “(II) in the case of a State not described  
19 in subparagraph (C), to apply a minimum med-  
20 ical loss ratio that is equal to 85 percent; and

21 “(ii) recovered all or a portion of the expendi-  
22 tures as a result of the entity’s failure to meet such  
23 ratio.

24 “(C) For purposes of subparagraph (B), a State de-  
25 scribed in this subparagraph is a State that as of May

1 31, 2018, applied a minimum medical loss ratio (as cal-  
2 culated under subsection (d) of section 438.8 of title 42,  
3 Code of Federal Regulations (as in effect on June 1,  
4 2018)) for payment for services provided by entities de-  
5 scribed in such subparagraph under the State plan under  
6 this title (or a waiver of the plan) that is equal to or great-  
7 er than 85 percent.

8 “(D) For purposes of this paragraph:

9 “(i) The term ‘managed care entity’ means a  
10 medicaid managed care organization described in  
11 section 1932(a)(1)(B)(i).

12 “(ii) The term ‘minimum medical loss ratio’  
13 means, with respect to a State, a minimum medical  
14 loss ratio (as calculated under subsection (d) of sec-  
15 tion 438.8 of title 42, Code of Federal Regulations  
16 (as in effect on June 1, 2018)) for payment for serv-  
17 ices provided by entities described in subparagraph  
18 (B) under the State plan under this title (or a waiv-  
19 er of the plan).

20 “(iii) The term ‘other specified entity’ means—

21 “(I) a prepaid inpatient health plan, as de-  
22 fined in section 438.2 of title 42, Code of Fed-  
23 eral Regulations (or any successor regulation);  
24 and

1                   “(II) a prepaid ambulatory health plan, as  
2                   defined in such section (or any successor regu-  
3                   lation).”.

Amend the title so as to read: “A bill to require the Secretary of Health and Human Services to provide grants for eligible entities to provide technical assistance to outlier prescribers of opioids, and for other purposes.”.