H. R. 5477

To amend title XIX of the Social Security Act to provide for a demonstration project to increase substance use provider capacity under the Medicaid program.

IN THE HOUSE OF REPRESENTATIVES

APRIL 11, 2018

Mr. O’HALLERAN introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to provide for a demonstration project to increase substance use provider capacity under the Medicaid program.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Rural Development of Opioid Capacity Services Act” or the “Rural DOCS Act”.

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SEC. 2. DEMONSTRATION PROJECT TO INCREASE SUBSTANCE USE PROVIDER CAPACITY UNDER THE MEDICAID PROGRAM.

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

“(aa) DEMONSTRATION PROJECT TO INCREASE SUBSTANCE USE PROVIDER CAPACITY.—

“(1) IN GENERAL.—Beginning January 1, 2019, the Secretary shall conduct a 5-year demonstration project under which the Secretary shall provide to an eligible State (as defined in paragraph (2)(A)) payments, in accordance with paragraph (3), with respect to expenditures by such eligible State for incentives, training, and technical assistance for providers under the State plan (or a waiver of such plan) to expand substance use treatment and recovery services for individuals enrolled under such State plan (or waiver), including each of the following activities:

“(A) Activities that support the development of an assessment of the behavioral health treatment needs of the State to determine the extent to which providers are needed (including the types of such providers and geographic area of need) to improve the network of providers...
that treat substance use disorders under the State plan (or waiver), including:

“(i) An estimate of the number of individuals enrolled under the State plan (or a waiver of such plan) who have a substance use disorder.

“(ii) Information on the capacity of providers to provide substance use disorder services to individuals enrolled under the State plan (or waiver), including information on providers who provide such services.

“(iii) Information on the gap in substance use disorder treatment under the State plan (or waiver) based on the information described in clauses (i) and (ii).

“(iv) Projections regarding the extent to which participating under the demonstration project would increase the number of providers offering substance use disorder services under the State plan (or waiver) during the period of the demonstration project.

“(B) Activities that, taking into account the results of the assessment described in sub-
paragraph (A), support the recruitment, training, and provision of technical assistance for current, new, and prospective participating providers under the State plan (or a waiver of such plan) that specialize in substance use disorder treatment and recovery.

“(C) Activities that specifically expand, including through the provision of incentives, the number of providers participating under the State plan (or waiver) that—

“(i) are authorized to dispense drugs approved by the Food and Drug Administration for individuals with a substance use disorder who need withdrawal management or maintenance treatment for such disorder;

“(ii) have in effect a registration or waiver under section 303(g) of the Controlled Substances Act for purposes of dispensing narcotic drugs to individuals for maintenance treatment or detoxification treatment and are in compliance with any regulation promulgated by the Assistant Secretary for Mental Health and Substance Use for purposes of carrying out
the requirements of such section 303(g); and

“(iii) are licensed or certified under applicable State law to provide substance use disorder treatment and recovery services.

“(D) Activities that specifically expand, including through the provision of incentives, the number of providers participating under the State plan (or waiver) that have the qualifications to address the treatment and recovery needs of—

“(i) individuals enrolled under the State plan (or a waiver of such plan) who have neonatal abstinence syndrome, in accordance with guidelines issued by the American Academy of Pediatrics and American College of Obstetricians and Gynecologists relating to maternal care and infant care with respect to neonatal abstinence syndrome;

“(ii) postpartum women and infants, particularly the concurrent treatment and comprehensive case management of post-
partum women and infants, enrolled under
the State plan (or a waiver of such plan);

“(iii) adolescents and young adults be-
tween the ages of 12 and 21 enrolled
under the State plan (or a waiver of such
plan); or

“(iv) American Indian and Alaska Na-
tive individuals enrolled under the State
plan (or a waiver of such plan).

“(2) ELIGIBLE STATES.—

“(A) DEFINITION.—For purposes of this
subsection, the term ‘eligible State’ means a
State selected by the Secretary under subpara-
graph (B).

“(B) SELECTION.—For purposes of this
subsection, the Secretary shall select 10 States
that meet the criteria for eligibility under sub-
paragraph (C). In selecting such States, the
Secretary shall—

“(i) select States in a manner that en-
sures geographic diversity;

“(ii) give preference to States with a
prevalence of substance use disorders (in
particular opioid use disorders) that is
comparable to or higher than the national
average prevalence, as measured by aggregate drug overdoses, or any other measure that the Secretary deems appropriate; and

“(iii) take into consideration the quality of applications submitted under subparagraph (D).

“(C) CRITERIA FOR ELIGIBILITY.—To be eligible for selection under subparagraph (B), a State shall—

“(i) have a State plan (or waiver of the State plan) approved under this title; and

“(ii) submit to the Secretary an application in accordance with the requirements in subparagraph (D).

“(D) APPLICATIONS.—For purposes of this paragraph, a State shall submit to the Secretary, at such time and in such form and manner as the Secretary requires, an application that includes such information, provisions, and assurances, as the Secretary may require, in addition to the following:

“(i) A proposed process for undertaking the assessment described in paragraph (1)(A).
“(ii) A proposed process for reviewing reimbursement methodologies and other policies related to substance use disorder services under the State plan (or waiver) that may create barriers to increasing the number of providers delivering substance use disorder services.

“(iii) A proposed process for developing a plan that will result in long-term and sustainable provider networks under the State plan (or waiver) that will offer a continuum of care for substance use disorders. Such plan shall include the following:

“(I) Specific activities to increase access to providers (including providers that specialize in providing substance use disorder services, hospitals, health care systems, and Federally qualified health centers) that offer substance use disorder treatment, recovery, and support services, including short-term detoxification services, outpatient substance use disorder serv-
ices, and evidence-based peer recovery services.

“(II) Strategies that will incentivize providers described in paragraph (1)(C) to obtain the necessary training, education, and support to deliver substance use disorder services in the State.

“(III) Milestones and timeliness for implementing activities set forth in the plan.

“(IV) Specific measurable targets for increasing the substance use disorder provider network under the State plan (or a waiver of such plan).

“(iv) A proposed process for reporting the information required under paragraph (4)(A), including information demonstrating the progress of the efforts of the State to expand the capacity of providers to deliver substance use disorder services during the period of the demonstration project under this subsection.

“(v) A projected five-year budget for the State to carry out under the dem-
onstration project under this subsection
the activities set forth in the plan.

“(3) PAYMENT.—

“(A) IN GENERAL.—For each quarter oc-
curring during the period for which the dem-
onstration project is conducted, the Secretary
shall pay under this subsection, subject to sub-
paragraph (B), to each eligible State an amount
equal to 90 percent of so much of the sums ex-
pended during such quarter as are attributable
to activities described in paragraph (1).

“(B) NON-DUPLICATION OF PAYMENT.—In
the case that payment is made under subpara-
graph (A) with respect to expenditures for ac-
tivities carried out by an eligible State under
the demonstration project under this sub-
section, payment may not also be made under
subsection (a) with respect to expenditures for
the same activities carried out by the eligible
State.

“(4) REPORTS.—

“(A) STATE REPORTS.—A State receiving
payments under this subsection shall, for the
period of the demonstration project under this
subsection, submit to the Secretary a quarterly
report, with respect to expenditures for activities for which payment is made to the State under this subsection, on the following:

“(i) The specific activities with respect to which payment under this subsection was provided.

“(ii) The number of providers that delivered substance use disorder services in the State under the demonstration project compared to the estimated number of providers that would have otherwise delivered such services in the absence of such demonstration project.

“(iii) The number of individuals enrolled under the State plan (or a waiver of such plan) who received substance use disorder services under the demonstration project compared to the estimated number of such individuals who would have otherwise received such services in the absence of such demonstration project.

“(iv) Other matters as determined by the Secretary.

“(B) CMS Reports.—
“(i) INTERIM REPORT.—Not later than October 1, 2022, the Administrator of the Centers for Medicare & Medicaid Services shall submit to Congress an interim report on activities carried out under the demonstration project under this subsection.

“(ii) FINAL REPORT.—Not later than October 1, 2024, the Administrator of the Centers for Medicare & Medicaid Services shall submit to Congress a final report on activities carried out under the demonstration project under this subsection.”.