AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 5605
OFFERED BY MR. RUIZ OF CALIFORNIA

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act”.

SEC. 2. OPIOID USE DISORDER TREATMENT DEMONSTRATION PROGRAM.

Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) is amended by inserting after section 1866E (42 U.S.C. 1395cc–5) the following new section:

“SEC. 1866F. OPIOID USE DISORDER TREATMENT DEMONSTRATION PROGRAM.

“(a) IMPLEMENTATION OF 5-YEAR DEMONSTRATION PROGRAM.—

“(1) IN GENERAL.—Not later than January 1, 2021, the Secretary shall implement a 5-year demonstration program under this title (in this section referred to as the ‘Program’) to increase access of applicable beneficiaries to opioid use disorder treatment services, improve physical and mental health
outcomes for such beneficiaries, and to the extent possible, reduce expenditures under this title. Under the Program, the Secretary shall make payments under subsection (e) to participants (as defined in subsection (c)(1)(A)) for furnishing opioid use disorder treatment services delivered through opioid use disorder care teams, or arranging for such service to be furnished, to applicable beneficiaries participating in the Program.

“(2) OPIOID USE DISORDER TREATMENT SERVICES.—For purposes of this section, the term ‘opioid use disorder treatment services’—

“(A) means, with respect to an applicable beneficiary, services that are furnished for the treatment of opioid use disorders and that utilize drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act for the treatment of opioid use disorders in an outpatient setting; and

“(B) includes—

“(i) medication assisted treatment;

“(ii) treatment planning;

“(iii) psychiatric, psychological, or counseling services (or any combination of such services), as appropriate;
“(iv) social support services, as appropriate; and

“(v) care management and care coordination services, including coordination with other providers of services and suppliers not on an opioid use disorder care team.

“(b) PROGRAM DESIGN.—

“(1) IN GENERAL.—The Secretary shall design the Program in such a manner to allow for the evaluation of the extent to which the Program accomplishes the following purposes:

“(A) Reduces hospitalizations and emergency department visits.

“(B) Increases use of medication-assisted treatment for opioid use disorders.

“(C) Improves health outcomes of individuals with opioid use disorders, including by reducing the incidence of infectious diseases (such as hepatitis C and HIV).

“(D) Does not increase the total spending on items and services under this title.

“(E) Reduces deaths from opioid overdose.

“(F) Reduces the utilization of inpatient residential treatment.
“(2) CONSULTATION.—In designing the Program, including the criteria under subsection (e)(2)(A), the Secretary shall, not later than 3 months after the date of the enactment of this section, consult with specialists in the field of addiction, clinicians in the primary care community, and beneficiary groups.

“(c) PARTICIPANTS; OPIOID USE DISORDER CARE TEAMS.—

“(1) PARTICIPANTS.—

“(A) DEFINITION.—In this section, the term ‘participant’ means an entity or individual—

“(i) that is otherwise enrolled under this title and that is—

“(I) a physician (as defined in section 1861(r)(1); 

“(II) a group practice comprised of physicians described in subclause (I); 

“(III) a hospital outpatient department; 

“(IV) a federally qualified health center (as defined in section 1861(aa)(4));
“(V) a rural health clinic (as defined in section 1861(aa)(2));

“(VI) a community mental health center (as defined in section 1861(ff)(3)(B));

“(VII) a clinic certified as a certified community behavioral health clinic pursuant to section 223 of the Protecting Access to Medicare Act of 2014; or

“(VIII) any other individual or entity specified by the Secretary;

“(ii) that applied for and was selected to participate in the Program pursuant to an application and selection process established by the Secretary; and

“(iii) that establishes an opioid use disorder care team (as defined in paragraph (2)) through employing or contracting with health care practitioners described in paragraph (2)(A), and uses such team to furnish or arrange for opioid use disorder treatment services in the outpatient setting under the Program
“(B) PREFERENCE.—In selecting participants for the Program, the Secretary shall give preference to individuals and entities that are located in areas with a prevalence of opioid use disorders that is higher than the national average prevalence.

“(2) OPIOID USE DISORDER CARE TEAMS.—

“(A) IN GENERAL.—For purposes of this section, the term ‘opioid use disorder care team’ means a team of health care practitioners established by a participant described in paragraph (1)(A) that—

“(i) shall include—

“(I) at least one physician (as defined in section 1861(r)(1)) furnishing primary care services or addiction treatment services to an applicable beneficiary; and

“(II) at least one eligible practitioner (as defined in paragraph (3)(A)), who may be a physician who meets the criterion in subclause (I); and

“(ii) may include other practitioners licensed under State law to furnish psy-
chiatric, psychological, counseling, and social services to applicable beneficiaries.

“(B) REQUIREMENTS FOR RECEIPT OF PAYMENT UNDER PROGRAM.—In order to receive payments under subsection (e), each participant in the Program shall—

“(i) furnish opioid use disorder treatment services through opioid use disorder care teams to applicable beneficiaries who agree to receive the services;

“(ii) meet minimum criteria, as established by the Secretary, for participation through the submission of data and information described in clause (iii); and

“(iii) submit to the Secretary, with respect to each applicable beneficiary for whom opioid use disorder treatment services are furnished by the opioid use disorder care team, data with respect to the criteria established under subsection (e)(2)(A) and such other information as the Secretary determines appropriate to monitor and evaluate the Program, to determine if minimum criteria are met under clause (ii), and to determine the incentive
payment under subsection (e), in such form, manner, and frequency as specified by the Secretary.

“(3) Eligible practitioners; other provider-related definitions and application provisions.—

“(A) Eligible practitioners.—For purposes of this section, the term ‘eligible practitioner’ means a physician or other health care practitioner, such as a nurse practitioner or advanced practice nurse, that—

“(i) is enrolled under section 1861(j);

“(ii) is authorized to prescribe or dispense narcotic drugs to individuals for maintenance treatment or detoxification treatment; and

“(iii) has in effect a registration or waiver in accordance with section 303(g) of the Controlled Substances Act for such purpose and is otherwise in compliance with regulations promulgated by the Substance Abuse and Mental Health Services Administration to carry out such section.

“(B) Addiction specialists.—For purposes of subsection (e)(1)(B)(iv), the term ‘ad-
diction specialist’ means a physician that possesses expert knowledge and skills in addiction medicine, as evidenced by appropriate certification from a specialty body, a certificate of advanced qualification in addiction medicine, or completion of an accredited residency or fellowship in addiction medicine or addiction psychiatry, as determined by the Secretary.

“(d) Participation of Applicable Beneficiaries.—

“(1) Applicable beneficiary defined.—In this section, the term ‘applicable beneficiary’ means an individual who—

“(A) is entitled to, or enrolled for, benefits under part A and enrolled for benefits under part B;

“(B) is not enrolled in a Medicare Advantage plan under part C;

“(C) has a current diagnosis for an opioid use disorder; and

“(D) meets such other criteria as the Secretary determines appropriate.

Such term shall include an individual who is dually eligible for benefits under this title and title XIX if
such individual satisfies the criteria described in
subparagraphs (A) through (D).

“(2) VOLUNTARY PARTICIPATION; LIMITATION
ON NUMBER OF PARTICIPANTS.—An applicable bene-

ficiary may participate in the Program on a vol-
untry basis and may terminate participation in the
Program at any time. Not more than 20,000 appli-
cable beneficiaries may participate in the Program.

“(3) SERVICES.—In order to participate in the
Program, an applicable beneficiary shall agree to re-
ceive opioid use disorder treatment services from a
participant. Participation under the Program shall
not affect coverage of or payment for any other item
or service under this title for the applicable bene-
ficiary.

“(4) BENEFICIARY ACCESS TO SERVICES.—
Nothing in this section shall be construed as encour-
aging providers to limit applicable beneficiary access
to services covered under this title and applicable
beneficiaries shall not be required to relinquish ac-

cess to any benefit under this title as a condition of
receiving services from a participant in the Program.

“(e) PAYMENTS.—

“(1) PER APPLICABLE BENEFICIARY PER
MONTH CARE MANAGEMENT FEE.—
“(A) IN GENERAL.—The Secretary shall establish a schedule of per applicable beneficiary per month care management fees. Such a per applicable beneficiary per month care management fee shall be paid to a participant in addition to any other amount otherwise payable under this title to the health care practitioners in the participant’s opioid use disorder care team or, if applicable, to the participant. A participant may use such per applicable beneficiary per month care management fee to deliver additional services to applicable beneficiaries, including services not otherwise eligible for payment under this title.

“(B) PAYMENT AMOUNTS.—In carrying out subparagraph (A), the Secretary shall—

“(i) consider payments otherwise payable under this title for opioid use disorder treatment services and the needs of applicable beneficiaries;

“(ii) pay a higher per applicable beneficiary per month care management fee for an applicable beneficiary who receives more intensive treatment services from a participant and for whom those services are ap-
appropriate based on clinical guidelines for opioid use disorder care;

“(iii) pay a higher per applicable beneficiary per month care management fee for the month in which the applicable beneficiary begins treatment with a participant than in subsequent months, to reflect the greater time and costs required for the planning and initiation of treatment, as compared to maintenance of treatment;

“(iv) pay higher per applicable beneficiary per month care management fees for participants that have established opioid use disorder care teams that include an addiction specialist (as defined in subsection (c)(3)(B)); and

“(v) take into account whether a participant’s opioid use disorder care team refers applicable beneficiaries to other suppliers or providers for any opioid use disorder treatment services.

“(2) INCENTIVE PAYMENTS.—

“(A) IN GENERAL.—Under the Program, the Secretary shall establish a performance-based incentive payment, which shall be paid
(using a methodology established and at a time
determined appropriate by the Secretary) to
participants based on the performance of par-
ticipants with respect to criteria, as determined
appropriate by the Secretary, in accordance
with subparagraph (B).

“(B) Criteria.—

“(i) In general.—Criteria described
in subparagraph (A) may include consider-
ation of the following:

“(I) Patient engagement and re-
tention in treatment.

“(II) Evidence-based medication-
assisted treatment.

“(III) Other criteria established
by the Secretary.

“(ii) Required consultation and
consideration.—In determining criteria
described in subparagraph (A), the Sec-
retary shall—

“(I) consult with stakeholders,
including clinicians in the primary
care community and in the field of ad-
diction medicine; and
“(II) consider existing clinical guidelines for the treatment of opioid use disorders.

“(C) SUBMISSION OF DATA.—Each participant shall submit to the Secretary, in such form, manner, and frequency specified by the Secretary, data with respect to such criteria described in subparagraph (A) and such other information as the Secretary determines appropriate to evaluate and monitor the effectiveness of the Program, to determine the performance of the participants for purposes of the incentive payment under subparagraph (A), and to ensure the participants meet minimum criteria for program participation described in subsection (c)(2)(B)(ii).

“(3) NON-DUPLICATION OF PAYMENTS.—In the case if an applicable beneficiary receiving services supported by the Program from more than one participant during any one calendar month, or from a participant and a provider who is not a participant during any one calendar month, the Secretary shall adjust (such as pro-rate) payment under paragraph (1) and any payment under paragraph (2) to each such participant, with respect to such applicable
beneficiary and month to avoid any duplication of payment.

“(f) MULTIPAYER STRATEGY.—In carrying out the Program, the Secretary shall encourage other payers to provide similar payments and to use similar criteria as applied under the Program under subsection (e)(2)(C). The Secretary may enter into a memorandum of understanding with other payers to align the methodology for payment provided by such a payer related to opioid use disorder treatment services with such methodology for payment under the Program.

“(g) EVALUATION.—

“(1) IN GENERAL.—The Secretary shall conduct an intermediate and final evaluation of the program. Each such evaluation shall determine the extent to which each of the purposes described in subsection (b) have been accomplished under the Program.

“(2) REPORTS.—The Secretary shall submit to the Secretary and Congress—

“(A) a report with respect to the intermediate evaluation under paragraph (1) not later than 3 years after the date of the implementation of the Program; and
“(B) a report with respect to the final evaluation under paragraph (1) not later than 6 years after such date.

“(h) FUNDING.—

“(1) ADMINISTRATIVE FUNDING.—For the purposes of implementing, administering, and carrying out the Program (other than for purposes described in paragraph (2)), the Secretary shall provide for the transfer from the Federal Supplementary Medical Insurance Trust Fund under section 1841 of $5,000,000 to the Centers for Medicare & Medicaid Services Program Management Account.

“(2) CARE MANAGEMENT FEES AND INCENTIVES.—For the purposes of making payments under subsection (e), the Secretary shall provide for the transfer from the Federal Supplementary Medical Insurance Trust Fund under section 1841 of $10,000,000 for each of fiscal years 2021 through 2025.

“(3) AVAILABILITY.—Amounts transferred under this subsection for a fiscal year shall be available until expended.
“(i) WAIVERS.—The Secretary may waive any provision of this title as may be necessary to carry out the Program under this section.”