

**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:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Advancing High Qual-
3 ity Treatment for Opioid Use Disorders in Medicare Act”.

4 SEC. 2. OPIOID USE DISORDER TREATMENT DEMONSTRATION PROGRAM.

6 Title XVIII of the Social Security Act (42 U.S.C.
7 1395 et seq.) is amended by inserting after section 1866E
8 (42 U.S.C. 1395cc-5) the following new section:

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

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

13 “(1) IN GENERAL.—Not later than January 1,
14 2021, the Secretary shall implement a 5-year dem-
15 onstration program under this title (in this section
16 referred to as the ‘Program’) to increase access of
17 applicable beneficiaries to opioid use disorder treat-
18 ment services, improve physical and mental health

1 outcomes for such beneficiaries, and to the extent
2 possible, reduce expenditures under this title. Under
3 the Program, the Secretary shall make payments
4 under subsection (e) to participants (as defined in
5 subsection (c)(1)(A)) for furnishing opioid use dis-
6 order treatment services delivered through opioid use
7 disorder care teams, or arranging for such service to
8 be furnished, to applicable beneficiaries participating
9 in the Program.

10 “(2) OPIOID USE DISORDER TREATMENT SERV-
11 ICES.—For purposes of this section, the term ‘opioid
12 use disorder treatment services’—

13 “(A) means, with respect to an applicable
14 beneficiary, services that are furnished for the
15 treatment of opioid use disorders and that uti-
16 lize drugs approved under section 505 of the
17 Federal Food, Drug, and Cosmetic Act for the
18 treatment of opioid use disorders in an out-
19 patient setting; and

20 “(B) includes—

21 “(i) medication assisted treatment;

22 “(ii) treatment planning;

23 “(iii) psychiatric, psychological, or
24 counseling services (or any combination of
25 such services), as appropriate;

1 “(iv) social support services, as appro-
2 priate; and

3 “(v) care management and care co-
4 ordination services, including coordination
5 with other providers of services and sup-
6 pliers not on an opioid use disorder care
7 team.

8 “(b) PROGRAM DESIGN.—

9 “(1) IN GENERAL.—The Secretary shall design
10 the Program in such a manner to allow for the eval-
11 uation of the extent to which the Program accom-
12 plishes the following purposes:

13 “(A) Reduces hospitalizations and emer-
14 gency department visits.

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

17 “(C) Improves health outcomes of individ-
18 uals with opioid use disorders, including by re-
19 ducing the incidence of infectious diseases (such
20 as hepatitis C and HIV).

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

23 “(E) Reduces deaths from opioid overdose.

24 “(F) Reduces the utilization of inpatient
25 residential treatment.

1 “(2) CONSULTATION.—In designing the Pro-
2 gram, including the criteria under subsection
3 (e)(2)(A), the Secretary shall, not later than 3
4 months after the date of the enactment of this sec-
5 tion, consult with specialists in the field of addiction,
6 clinicians in the primary care community, and bene-
7 ficiary groups.

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

10 “(1) PARTICIPANTS.—

11 “(A) DEFINITION.—In this section, the
12 term ‘participant’ means an entity or indi-
13 vidual—

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

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

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

21 “(III) a hospital outpatient de-
22 partment;

23 “(IV) a federally qualified health
24 center (as defined in section
25 1861(aa)(4));

1 “(V) a rural health clinic (as de-
2 fined in section 1861(aa)(2));

3 “(VI) a community mental health
4 center (as defined in section
5 1861(ff)(3)(B));

6 “(VII) a clinic certified as a cer-
7 tified community behavioral health
8 clinic pursuant to section 223 of the
9 Protecting Access to Medicare Act of
10 2014; or

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

13 “(ii) that applied for and was selected
14 to participate in the Program pursuant to
15 an application and selection process estab-
16 lished by the Secretary; and

17 “(iii) that establishes an opioid use
18 disorder care team (as defined in para-
19 graph (2)) through employing or con-
20 tracting with health care practitioners de-
21 scribed in paragraph (2)(A), and uses such
22 team to furnish or arrange for opioid use
23 disorder treatment services in the out-
24 patient setting under the Program

1 “(B) PREFERENCE.—In selecting partici-
2 pants for the Program, the Secretary shall give
3 preference to individuals and entities that are
4 located in areas with a prevalence of opioid use
5 disorders that is higher than the national aver-
6 age prevalence.

7 “(2) OPIOID USE DISORDER CARE TEAMS.—

8 “(A) IN GENERAL.—For purposes of this
9 section, the term ‘opioid use disorder care team’
10 means a team of health care practitioners es-
11 tablished by a participant described in para-
12 graph (1)(A) that—

13 “(i) shall include—

14 “(I) at least one physician (as
15 defined in section 1861(r)(1)) fur-
16 nishing primary care services or ad-
17 diction treatment services to an appli-
18 cable beneficiary; and

19 “(II) at least one eligible practi-
20 tioner (as defined in paragraph
21 (3)(A)), who may be a physician who
22 meets the criterion in subclause (I);
23 and

24 “(ii) may include other practitioners
25 licensed under State law to furnish psy-

1 chiatric, psychological, counseling, and so-
2 cial services to applicable beneficiaries.

3 “(B) REQUIREMENTS FOR RECEIPT OF
4 PAYMENT UNDER PROGRAM.—In order to re-
5 ceive payments under subsection (e), each par-
6 ticipant in the Program shall—

7 “(i) furnish opioid use disorder treat-
8 ment services through opioid use disorder
9 care teams to applicable beneficiaries who
10 agree to receive the services;

11 “(ii) meet minimum criteria, as estab-
12 lished by the Secretary, for participation
13 through the submission of data and infor-
14 mation described in clause (iii); and

15 “(iii) submit to the Secretary, with re-
16 spect to each applicable beneficiary for
17 whom opioid use disorder treatment serv-
18 ices are furnished by the opioid use dis-
19 order care team, data with respect to the
20 criteria established under subsection
21 (e)(2)(A) and such other information as
22 the Secretary determines appropriate to
23 monitor and evaluate the Program, to de-
24 termine if minimum criteria are met under
25 clause (ii), and to determine the incentive

1 payment under subsection (e), in such
2 form, manner, and frequency as specified
3 by the Secretary.

4 “(3) ELIGIBLE PRACTITIONERS; OTHER PRO-
5 VIDER-RELATED DEFINITIONS AND APPLICATION
6 PROVISIONS.—

7 “(A) ELIGIBLE PRACTITIONERS.—For pur-
8 poses of this section, the term ‘eligible practi-
9 tioner’ means a physician or other health care
10 practitioner, such as a nurse practitioner or ad-
11 vanced practice nurse, that—

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

13 “(ii) is authorized to prescribe or dis-
14 pense narcotic drugs to individuals for
15 maintenance treatment or detoxification
16 treatment; and

17 “(iii) has in effect a registration or
18 waiver in accordance with section 303(g) of
19 the Controlled Substances Act for such
20 purpose and is otherwise in compliance
21 with regulations promulgated by the Sub-
22 stance Abuse and Mental Health Services
23 Administration to carry out such section.

24 “(B) ADDICTION SPECIALISTS.—For pur-
25 poses of subsection (e)(1)(B)(iv), the term ‘ad-

1 diction specialist’ means a physician that pos-
2 sesses expert knowledge and skills in addiction
3 medicine, as evidenced by appropriate certifi-
4 cation from a specialty body, a certificate of ad-
5 vanced qualification in addiction medicine, or
6 completion of an accredited residency or fellow-
7 ship in addiction medicine or addiction psychi-
8 atry, as determined by the Secretary.

9 “(d) PARTICIPATION OF APPLICABLE BENE-
10 FICIARIES.—

11 “(1) APPLICABLE BENEFICIARY DEFINED.—In
12 this section, the term ‘applicable beneficiary’ means
13 an individual who—

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

17 “(B) is not enrolled in a Medicare Advan-
18 tage plan under part C;

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

21 “(D) meets such other criteria as the Sec-
22 retary determines appropriate.

23 Such term shall include an individual who is dually
24 eligible for benefits under this title and title XIX if

1 such individual satisfies the criteria described in
2 subparagraphs (A) through (D).

3 “(2) VOLUNTARY PARTICIPATION; LIMITATION
4 ON NUMBER OF PARTICIPANTS.—An applicable bene-
5 ficiary may participate in the Program on a vol-
6 untary basis and may terminate participation in the
7 Program at any time. Not more than 20,000 appli-
8 cable beneficiaries may participate in the Program.

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

16 “(4) BENEFICIARY ACCESS TO SERVICES.—
17 Nothing in this section shall be construed as encour-
18 aging providers to limit applicable beneficiary access
19 to services covered under this title and applicable
20 beneficiaries shall not be required to relinquish ac-
21 cess to any benefit under this title as a condition of
22 receiving services from a participant in the Program.

23 “(e) PAYMENTS.—

24 “(1) PER APPLICABLE BENEFICIARY PER
25 MONTH CARE MANAGEMENT FEE.—

1 “(A) IN GENERAL.—The Secretary shall
2 establish a schedule of per applicable bene-
3 ficiary per month care management fees. Such
4 a per applicable beneficiary per month care
5 management fee shall be paid to a participant
6 in addition to any other amount otherwise pay-
7 able under this title to the health care practi-
8 tioners in the participant’s opioid use disorder
9 care team or, if applicable, to the participant.
10 A participant may use such per applicable bene-
11 ficiary per month care management fee to de-
12 liver additional services to applicable bene-
13 ficiaries, including services not otherwise eligi-
14 ble for payment under this title.

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

17 “(i) consider payments otherwise pay-
18 able under this title for opioid use disorder
19 treatment services and the needs of appli-
20 cable beneficiaries;

21 “(ii) pay a higher per applicable bene-
22 ficiary per month care management fee for
23 an applicable beneficiary who receives more
24 intensive treatment services from a partici-
25 pant and for whom those services are ap-

1 appropriate based on clinical guidelines for
2 opioid use disorder care;

3 “(iii) pay a higher per applicable ben-
4 eficiary per month care management fee
5 for the month in which the applicable ben-
6 eficiary begins treatment with a partici-
7 pant than in subsequent months, to reflect
8 the greater time and costs required for the
9 planning and initiation of treatment, as
10 compared to maintenance of treatment;

11 “(iv) pay higher per applicable bene-
12 ficiary per month care management fees
13 for participants that have established
14 opioid use disorder care teams that include
15 an addiction specialist (as defined in sub-
16 section (c)(3)(B)); and

17 “(v) take into account whether a par-
18 ticipant’s opioid use disorder care team re-
19 fers applicable beneficiaries to other sup-
20 pliers or providers for any opioid use dis-
21 order treatment services.

22 “(2) INCENTIVE PAYMENTS.—

23 “(A) IN GENERAL.—Under the Program,
24 the Secretary shall establish a performance-
25 based incentive payment, which shall be paid

1 (using a methodology established and at a time
2 determined appropriate by the Secretary) to
3 participants based on the performance of par-
4 ticipants with respect to criteria, as determined
5 appropriate by the Secretary, in accordance
6 with subparagraph (B).

7 “(B) CRITERIA.—

8 “(i) IN GENERAL.—Criteria described
9 in subparagraph (A) may include consider-
10 ation of the following:

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

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

15 “(III) Other criteria established
16 by the Secretary.

17 “(ii) REQUIRED CONSULTATION AND
18 CONSIDERATION.—In determining criteria
19 described in subparagraph (A), the Sec-
20 retary shall—

21 “(I) consult with stakeholders,
22 including clinicians in the primary
23 care community and in the field of ad-
24 diction medicine; and

1 “(II) consider existing clinical
2 guidelines for the treatment of opioid
3 use disorders.

4 “(C) SUBMISSION OF DATA.—Each partici-
5 pant shall submit to the Secretary, in such
6 form, manner, and frequency specified by the
7 Secretary, data with respect to such criteria de-
8 scribed in subparagraph (A) and such other in-
9 formation as the Secretary determines appro-
10 priate to evaluate and monitor the effectiveness
11 of the Program, to determine the performance
12 of the participants for purposes of the incentive
13 payment under subparagraph (A), and to en-
14 sure the participants meet minimum criteria for
15 program participation described in subsection
16 (c)(2)(B)(ii).

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

1 beneficiary and month to avoid any duplication of
2 payment.

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

12 “(g) EVALUATION.—

13 “(1) IN GENERAL.—The Secretary shall con-
14 duct an intermediate and final evaluation of the pro-
15 gram. Each such evaluation shall determine the ex-
16 tent to which each of the purposes described in sub-
17 section (b) have been accomplished under the Pro-
18 gram.

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

21 “(A) a report with respect to the inter-
22 mediate evaluation under paragraph (1) not
23 later than 3 years after the date of the imple-
24 mentation of the Program; and

1 “(B) a report with respect to the final
2 evaluation under paragraph (1) not later than
3 6 years after such date.

4 “(h) FUNDING.—

5 “(1) ADMINISTRATIVE FUNDING.—For the pur-
6 poses of implementing, administering, and carrying
7 out the Program (other than for purposes described
8 in paragraph (2)), the Secretary shall provide for
9 the transfer from the Federal Supplementary Med-
10 ical Insurance Trust Fund under section 1841 of
11 \$5,000,000 to the Centers for Medicare & Medicaid
12 Services Program Management Account.

13 “(2) CARE MANAGEMENT FEES AND INCEN-
14 TIVES.—For the purposes of making payments
15 under subsection (e), the Secretary shall provide for
16 the transfer from the Federal Supplementary Med-
17 ical Insurance Trust Fund under section 1841 of
18 \$10,000,000 for each of fiscal years 2021 through
19 2025.

20 “(3) AVAILABILITY.—Amounts transferred
21 under this subsection for a fiscal year shall be avail-
22 able until expended.

1 “(i) WAIVERS.—The Secretary may waive any provi-
2 sion of this title as may be necessary to carry out the Pro-
3 gram under this section.”.

