

115TH CONGRESS
2D SESSION

H. R. 5605

To amend title XVIII of the Social Security Act to provide for an opioid use disorder treatment demonstration program.

IN THE HOUSE OF REPRESENTATIVES

APRIL 24, 2018

Mr. RUIZ 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

A BILL

To amend title XVIII of the Social Security Act to provide for an opioid use disorder treatment demonstration program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

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

1 **SEC. 2. OPIOID USE DISORDER TREATMENT DEMONSTRATION PROGRAM.**
2

3 Title XVIII of the Social Security Act (42 U.S.C.
4 1395 et seq.) is amended by inserting after section 1866E
5 (42 U.S.C. 1395cc-5) the following new section:

6 **“SEC. 1866F. OPIOID USE DISORDER TREATMENT DEMONSTRATION PROGRAM.**
7

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

10 “(1) IN GENERAL.—Not later than January 1,
11 2021, the Secretary shall implement a 5-year dem-
12 onstration program under this title (in this section
13 referred to as the ‘Program’) to increase access of
14 applicable beneficiaries to opioid use disorder treat-
15 ment services, improve physical and mental health
16 outcomes for such beneficiaries, and to the extent
17 possible, reduce expenditures under this title. Under
18 the Program, the Secretary shall make payments
19 under subsection (f) to participating care teams (as
20 defined in subsection (c)(1)(A)) for providing opioid
21 use disorder treatment services to applicable bene-
22 ficiaries participating under the Program.

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

1 “(A) means, with respect to an applicable
2 beneficiary, services that are furnished for the
3 treatment of opioid use disorders in an out-
4 patient setting and—

5 “(i) which are supported by the per
6 applicable beneficiary per month care man-
7 agement fee under subsection (f); or

8 “(ii) for which payment may otherwise
9 be made under this title; and

10 “(B) includes—

11 “(i) medication assisted treatment;

12 “(ii) treatment planning;

13 “(iii) appropriate outpatient psy-
14 chiatric, psychological, or counseling serv-
15 ices (or any combination of such services);

16 “(iv) appropriate social support serv-
17 ices; and

18 “(v) care management and care co-
19 ordination of opioid use disorder services,
20 as well as coordination with other physi-
21 cians and providers treating the mental
22 and physical conditions of such beneficiary.

23 “(b) PROGRAM DESIGN.—

24 “(1) IN GENERAL.—The Secretary shall design
25 the Program in such a manner to evaluate the ex-

1 tent to which the Program accomplishes the fol-
2 lowing purposes:

3 “(A) Reduces hospitalizations and emer-
4 gency department visits.

5 “(B) Reduces the occurrence of overdoses
6 from opioids, including prescription opioid
7 medications as well as illicit opioids.

8 “(C) Increases use of medication-assisted
9 treatment for opioid use disorders.

10 “(D) Improves health outcomes of individ-
11 uals with opioid use disorders, including by re-
12 ducing the incidence of infectious diseases (such
13 as hepatitis C and HIV).

14 “(E) Does not increase the total spending
15 on health care services under this title.

16 “(F) Reduces deaths from opioid poi-
17 soning.

18 “(G) Reduces the utilization of inpatient
19 residential treatment.

20 “(2) CONSULTATION.—In designing the Pro-
21 gram, the Secretary shall, not later than 3 months
22 after the date of the enactment of this section, con-
23 sult with specialists in the field of addiction and cli-
24 nicians in the primary care community.

25 “(c) PARTICIPATING CARE TEAMS.—

1 “(1) DEFINITION; SELECTION.—

2 “(A) DEFINITION.—In this section, the
3 term ‘participating care team’ means an opioid
4 use disorder care team (as defined in paragraph
5 (2)) that is participating under the Program
6 pursuant to selection by the Secretary under
7 subparagraph (B).

8 “(B) SELECTION.—Under the Program,
9 the Secretary shall provide for a process for
10 opioid use disorder care teams to apply for par-
11 ticipation under the Program as participating
12 care teams and for selecting such teams for
13 such participation.

14 “(C) PREFERENCE.—In selecting opioid
15 use disorder care teams under subparagraph
16 (B) for participation under the Program, the
17 Secretary shall give preference to opioid use
18 disorder care teams that are located in areas
19 with a prevalence of opioid use disorders that is
20 higher than the national average prevalence, as
21 measured by aggregate overdoses of opioids, or
22 any other measure that the Secretary deems ap-
23 propriate.

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

1 “(A) IN GENERAL.—For purposes of this
2 section, the term ‘opioid use disorder care team’
3 means a group of health care practitioners, or
4 an entity employing or contracting with such
5 health care practitioners, that—

6 “(i) includes at least one physician
7 who is providing primary care services or
8 addiction treatment services to an applica-
9 ble beneficiary during the period in which
10 the opioid use disorder care team is receiv-
11 ing payments under subsection (f);

12 “(ii) includes at least one eligible
13 practitioner (as defined in paragraph
14 (3)(A)), who may be a physician who
15 meets the criterion in clause (i); and

16 “(iii) includes other practitioners—

17 “(I) as necessary to deliver ap-
18 propriate psychiatric, psychological,
19 counseling, and social services to ap-
20 plicable beneficiaries in addition to the
21 services delivered by the eligible prac-
22 titioner; and

23 “(II) who only perform services
24 that such practitioners are legally au-
25 thorized to perform under State law.

1 “(B) REQUIREMENTS FOR PARTICIPA-
2 TION.—In order for an opioid use disorder care
3 team to participate in the Program as a partici-
4 pating care team, each of the practitioners par-
5 ticipating on the team shall agree to—

6 “(i) deliver opioid use disorder treat-
7 ment services to applicable beneficiaries
8 who agree to receive the services;

9 “(ii) meet minimum standards for
10 quality required by the Program; and

11 “(iii) submit to the Secretary, with re-
12 spect to each applicable beneficiary for
13 whom such practitioner provides opioid use
14 disorder treatment services, data with re-
15 spect to the quality standards and the
16 measures defined in subsection (d) and
17 such other information as the Secretary
18 determines appropriate to monitor and
19 evaluate the Program and to determine the
20 performance of each practitioner for pur-
21 poses of the incentive payment under sub-
22 section (f), in such form, manner, and fre-
23 quency as specified by the Secretary.

1 “(3) ELIGIBLE PRACTITIONERS; OTHER PRO-
2 VIDER-RELATED DEFINITIONS AND APPLICATION
3 PROVISIONS.—

4 “(A) ELIGIBLE PRACTITIONERS.—For pur-
5 poses of this section, the term ‘eligible practi-
6 tioner’ means, with respect to an applicable
7 beneficiary, a provider of services that—

8 “(i) participates in the Medicare pro-
9 gram under this title;

10 “(ii)(I) is authorized to prescribe or
11 dispense narcotic drugs to individuals for
12 maintenance treatment or detoxification
13 treatment; and

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

22 “(iii) with respect to furnishing opioid
23 use disorder treatment services to the ap-
24 plicable beneficiary, participates in an

1 opioid use disorder care team, which is a
2 participating care team.

3 “(B) ADDICTION SPECIALISTS.—For pur-
4 poses of paragraph (2)(C), the term ‘addiction
5 specialist’ means a physician that possesses ex-
6 pert knowledge and skills in addiction medicine,
7 as evidenced by—

8 “(i) certification by the American So-
9 ciety of Addiction Medicine or the Amer-
10 ican Board of Addiction Medicine;

11 “(ii) subspecialty certification in ad-
12 diction medicine by the American Board of
13 Preventive Medicine;

14 “(iii) subspecialty certification in ad-
15 diction psychiatry by the American Board
16 of Psychiatry and Neurology;

17 “(iv) a certificate of added qualifica-
18 tion in addiction medicine conferred by the
19 American Osteopathic Association; or

20 “(v) completion of an accredited resi-
21 dency or fellowship in addiction medicine
22 or addiction psychiatry.

23 “(d) QUALITY AND OTHER REPORTING REQUIRE-
24 MENTS.—

1 “(1) ADOPTION AND DEVELOPMENT OF STAND-
2 ARDS AND PERFORMANCE MEASURES.—Not later
3 than 9 months after the date of the enactment of
4 this section, the Secretary, in conjunction with
5 stakeholders (including clinicians in the primary care
6 community and the field of addiction medicine),
7 shall adopt or develop (or an appropriate entity with
8 which the Secretary contracts shall develop) quality
9 standards and methods of assessing the quality of
10 care to ensure a minimum level of quality of care
11 and to determine whether the services furnished by
12 participating care teams are achieving the purposes
13 described in subsection (b)(1). For purposes of
14 adopting or developing standards for payments
15 under subsection (f)(1) and for purposes of adopting
16 or developing methods for assessing performance for
17 the incentive payments under subsection (f)(2), the
18 Secretary may consider existing clinical guidelines
19 for the treatment of opioid use disorders and stand-
20 ards or measures applied for use under the Medicaid
21 program under title XIX. Standards and assessment
22 methods shall address the following outcomes and
23 performance criteria:

24 “(A) Patient engagement in treatment.

25 “(B) Retention in treatment.

1 “(C) Provision of evidence-based medica-
2 tion-assisted treatment.

3 “(D) Any other criteria the Secretary
4 deems appropriate.

5 “(2) SUBMISSION.—Each participating care
6 team shall submit to the Secretary, in such form,
7 manner, and frequency specified by the Secretary,
8 data with respect to such standards and assessment
9 methods and such other information as the Sec-
10 retary determines appropriate to monitor and evalu-
11 ate the Program and to determine the performance
12 of such team for purposes of the incentive payment
13 under subsection (f)(2).

14 “(e) PARTICIPATION OF APPLICABLE BENE-
15 FIICIARIES.—

16 “(1) APPLICABLE BENEFICIARY DEFINED.—In
17 this section, the term ‘applicable beneficiary’ means
18 an individual who—

19 “(A) is entitled to benefits under part A
20 and enrolled for benefits under part B;

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

23 “(C) has a diagnosis for an opioid use dis-
24 order; and

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

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

7 “(2) VOLUNTARY PARTICIPATION.—An applica-
8 ble beneficiary may participate in the Program on a
9 voluntary basis and may terminate participation in
10 the Program at any time.

11 “(3) SERVICES.—In order to participate in the
12 Program, an applicable beneficiary must agree to re-
13 ceive opioid use disorder treatment services from a
14 participating care team. An applicable beneficiary
15 may only receive services supported by the Program
16 from one participating care team during any one cal-
17 endar month. Participation under the Program shall
18 not affect coverage of or payment for any other item
19 or service under this title for the applicable bene-
20 ficiary.

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

1 cess to any benefit under this title as a condition of
2 receiving services from a participating care team.

3 “(f) PAYMENTS.—

4 “(1) PER APPLICABLE BENEFICIARY PER
5 MONTH CARE MANAGEMENT FEE.—

6 “(A) IN GENERAL.—The Secretary shall
7 establish a schedule of per applicable bene-
8 ficiary per month care management fees. Such
9 a per applicable beneficiary per month care
10 management fee shall be paid to a participating
11 care team in addition to any other amount oth-
12 erwise payable under this title to the practi-
13 tioners participating with the team or, if appli-
14 cable, the entity with respect to such team em-
15 ploying or contracting with such practitioners.
16 A participating care team may use such per ap-
17 plicable beneficiary per month care manage-
18 ment fee to deliver additional services to appli-
19 cable beneficiaries, including services not other-
20 wise eligible for payment under this title.

21 “(B) APPLICATION.—In carrying out sub-
22 paragraph (A), the Secretary shall—

23 “(i) consider the costs that partici-
24 pating care teams are expected to incur in
25 delivering high-quality opioid use disorder

1 care services that are not covered by pay-
2 ments otherwise payable to the teams
3 under this title;

4 “(ii) pay a higher per applicable bene-
5 ficiary per month care management fee for
6 an applicable beneficiary who receives more
7 intensive treatment services from a partici-
8 pating care team and who is appropriate
9 for such services based on clinical guide-
10 lines for opioid use disorder care;

11 “(iii) pay a higher per applicable ben-
12 eficiary per month care management fee
13 for the month in which the applicable ben-
14 eficiary begins treatment with a partici-
15 pating care team than in subsequent
16 months, to reflect the greater time and
17 costs required for the team to plan and ini-
18 tiate treatment, as compared to mainte-
19 nance of treatment; and

20 “(iv) pay higher per applicable bene-
21 ficiary per month care management fees
22 for participating care teams that include
23 an addiction specialist who is either deliv-
24 ering services directly to applicable bene-
25 ficiaries or providing consulting support to

1 those practitioners participating with such
2 teams who are delivering services to appli-
3 cable beneficiaries.

4 “(2) INCENTIVE PAYMENTS.—Under the Pro-
5 gram, the Secretary shall establish a performance-
6 based incentive payment, which shall be paid to par-
7 ticipating care teams based on the performance of
8 such teams with respect to standards and assess-
9 ment methods adopted or developed by the Secretary
10 under subsection (d) and with respect to which the
11 teams report under such subsection.

12 “(g) MULTIPAYER STRATEGY.—In carrying out the
13 Program, the Secretary shall encourage other payers to
14 provide similar payments and to use similar quality stand-
15 ards and methods of assessment as applied under the Pro-
16 gram. The Secretary may enter into a memorandum of
17 understanding with other payers to align the methodology
18 for payment provided by such a payer related to opioid
19 use disorder treatment services with such methodology for
20 payment under the Program.

21 “(h) EVALUATION.—

22 “(1) IN GENERAL.—The Comptroller General of
23 the United States shall conduct an intermediate and
24 final evaluation of the program. Each such evalua-
25 tion shall determine the extent to which each of the

1 purposes described in subsection (b) have been ac-
2 complished under the Program. Each evaluation
3 shall also determine the extent to which the struc-
4 ture and requirements of the Program facilitated or
5 impeded the participation of practitioners in the pro-
6 gram, the participation of beneficiaries with opioid
7 use disorder, and the delivery of high-quality opioid
8 use disorder treatment services.

9 “(2) REPORTS.—The Comptroller General of
10 the United States shall submit to the Secretary and
11 Congress—

12 “(A) a report with respect to the inter-
13 mediate evaluation under paragraph (1) not
14 later than 3 years after the date of the imple-
15 mentation of the Program; and

16 “(B) a report with respect to the final
17 evaluation under paragraph (1) not later than
18 6 years after such date.

19 “(i) FUNDING.—

20 “(1) ADMINISTRATIVE FUNDING.—For the pur-
21 poses of implementing, administering, and carrying
22 out the Program (other than for purposes described
23 in paragraph (2)), there shall be transferred to the
24 Secretary for the Center for Medicare & Medicaid
25 Services Program Management Account from the

1 Federal Supplementary Medical Insurance Trust
2 Fund under section 1841 \$5,000,000.

3 “(2) CARE MANAGEMENT FEES AND INCEN-
4 TIVES.—For the purposes of payments under sub-
5 section (f), there shall be transferred to the Sec-
6 retary such sums as are necessary from the Federal
7 Supplementary Medical Insurance Trust Fund under
8 section 1841 for each of fiscal years 2021 through
9 2025.

10 “(3) AVAILABILITY.—Amounts transferred
11 under this subsection for a fiscal year shall be avail-
12 able until expended.

13 “(j) WAIVERS.—The Secretary may waive any provi-
14 sion of this title that conflicts with or impedes the imple-
15 mentation of the provisions of this section.”.

○