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Federal Legislative Proposals Related to Medicaid and Opioids: What to Watch

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Legislation to address the opioid epidemic is advancing in both the House and Senate. The House has passed several bills related to Medicaid and opioids, culminating in the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. The Senate Finance Committee has advanced the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act, which is expected to be considered by the full Senate later this year. Both the SUPPORT Act and the HEAL Act contain a number of provisions related to Medicaid's role in helping states provide coverage and services to people who need substance use disorder (SUD) treatment, in addition to Medicare and other health-related provisions. This issue brief summarizes current federal legislative proposals related to Medicaid's role in the opioid epidemic and identifies issues to watch as final legislation takes shape. Appendix tables detail the House SUPPORT Act, the Senate HEAL Act, and other bills pending at the Senate and House committee level as of late June, 2018. Table 1 below summarizes key provisions related to Medicaid and opioids in the SUPPORT Act and HEAL Act.

Table 1: Comparison of Provisions Related to Medicaid and Opioids in the House SUPPORT Act and the Senate HEAL Act, as of June, 2018

Topic	SUPPORT Act, passed by House, 6/22/18	HEAL Act, passed by Senate Finance Committee, 6/12/18
IMD Services	-Amends IMD payment exclusion for enrollees with opioid or cocaine use disorder.	-Authorizes Medicaid payments for services provided outside IMDs for pregnant and postpartum women receiving IMD SUD services. -Codifies managed care regulation that allows Medicaid funds for managed care capitation payments that include IMD services up to 15 days per month.
Other Services	-Requires states to cover all FDA-approved medication-assisted treatment. -Expands enhanced federal match for health home services focused on enrollees with SUD.	-Creates a state plan option to enter into provider agreements with residential pediatric recovery centers to provide services to infants with neonatal abstinence syndrome. *Similar provision in H.R. 2501.*
Eligibility and Enrollment	-Prohibits states from terminating eligibility for criminal justice involved youth and requires restoration of coverage without new application upon release. *Similar provision in S. 874.* -Requires states to cover former foster care youth up to age 26 from any state.	No HEAL Act provision.
Demonstrations	-Authorizes new Section 1115 demonstrations to increase Medicaid SUD provider capacity. -Directs HHS Secretary to issue guidance on Section 1115 demonstrations to assist with Medicaid enrollment and cover services 30 days prior to release from prison/jail.	No HEAL Act provision.
Prescription Drug Oversight	-Requires states to establish provider and pharmacy lock-in programs for enrollees at risk of prescription drug abuse or diversion.	-Directs states to facilitate access to prescription drug monitoring programs for Medicaid providers and health plans, to the extent permitted by state law.

	-Requires states to have drug utilization review safety edits for opioid refills, monitor concurrent prescribing of opioids and other drugs, and monitor antipsychotic prescribing for children. -Requires states to have Medicaid providers check prescription drug monitoring programs and offers enhanced federal funds for implementation if states have provider access agreements with contiguous states.	
Quality Measures	-Requires states to report on adult behavioral health measures in CMS core set.	-Same provision as House SUPPORT Act.
Guidance and Studies	-Directs HHS Secretary to issue guidance on Medicaid-covered services and payment models for infants with neonatal abstinence syndrome; and to make recommendations to improve Medicaid coverage and payment for MAT, non-opioid pain management, and SUD treatment services. *Similar provision in S. 2769.* -Requires GAO to study Medicaid coverage gaps for pregnant and post-partum women with SUD. -Directs MACPAC to study IMDs that receive Medicaid payments.	-Directs HHS Secretary to issue guidance on state options for SUD telehealth services and Medicaid services for non-opioid pain management, report to Congress on best practices for reducing children's barriers to Medicaid SUD telehealth services, report data on Medicaid SUD prevalence and treatment services, and report and provide technical assistance to states on Medicaid housing-related services and supports for enrollees with SUD. -Requires GAO to report on Medicaid peer support services, children's access to SUD services including telehealth, Medicaid SUD payment rates, and barriers to providing SUD treatment medication under various distribution models. -Directs MACPAC to report on state Medicaid MAT utilization control policies. -Directs HHS Secretary to issue guidance on state options to use Medicaid funds for family-focused residential treatment programs.

House SUPPORT Act

Medicaid-related provisions in the SUPPORT Act, passed in the House by a vote of 396 to 14 on June 22, 2018, are summarized in Table 2. These include:

Services. The most controversial measure in the House bill amends the long-standing prohibition against the use of federal Medicaid funds for services in "institutions for mental disease" (IMDs) for nonelderly adults by creating a state option from CY 2019 through CY 2023 to cover those services up to 30 days in a year but only for individuals with opioid use disorder or cocaine use disorder. This provision passed the House as a stand-alone measure by a vote of 261 to 55 and then was added to the SUPPORT Act. Proponents of the House IMD bill argued that the measure is necessary to enable Medicaid to provide services across the full care continuum, while opponents maintained that states already are covering Medicaid IMD SUD services through waivers and objected to restricting services only to those with certain SUD diagnoses. The bill originally was limited to those with opioid use disorder but was amended to add cocaine use disorder to address concerns about disparate racial impact. CBO estimated a cost of $991 million for this provision when it was limited to opioid use disorder.

The SUPPORT Act also requires state Medicaid programs to cover all FDA-approved drugs for medication-assisted treatment (MAT) from October, 2020 through September, 2025, unless a state certifies to the Secretary's satisfaction that statewide implementation is infeasible due to provider shortages. Most states cover buprenorphine and naltrexone, while fewer cover methadone. In addition, the SUPPORT Act extends the 90% enhanced federal match for Medicaid health home services focused on care coordination for beneficiaries with SUD from 8 to 10 quarters for states that elect that option.

Eligibility and Enrollment. The SUPPORT Act prohibits states from terminating Medicaid eligibility for an individual under age 21 or former foster care youth up to age 26 while incarcerated and requires states to redetermine eligibility prior to release without requiring a new application and restore coverage upon release. While Medicaid does not pay for health care services during incarceration, this measure is intended to facilitate access to coverage and care after release from prison or jail. The SUPPORT Act also requires states to cover former foster care youth up to age 26 from any state. This eliminates the need for states to get a Section 1115 waiver to cover former foster care youth from other states.

Demonstrations. The SUPPORT Act authorizes new Section 1115 demonstrations to help states increase Medicaid SUD provider capacity. The HHS Secretary would award 18-month planning grants, totaling $50 million, to 10 states, giving preference to those with average or higher SUD prevalence, particularly opioid use disorder. The Secretary would then select up to 5 states to receive enhanced federal matching funds for Medicaid SUD treatment services during the 36 month waiver implementation. The bill also requires the Secretary to issue guidance on how states can use Section 1115 demonstrations to improve health care transitions for individuals being released from prison or jail, including assistance with Medicaid enrollment and coverage of services 30 days prior to release.

Prescription Drug Oversight. The SUPPORT Act requires states to establish prescription drug management programs that limit Medicaid beneficiaries identified as at risk of prescription drug abuse or diversion to one to three providers and pharmacies for obtaining controlled substances. States also would have to have drug utilization review safety edits in place for opioid refills, monitor concurrent prescribing of opioids and other drugs, and monitor antipsychotic prescribing for children. The bill also requires states to have Medicaid providers check prescription drug monitoring programs before prescribing controlled substances and offers enhanced federal matching funds for implementation activities if states have agreements with contiguous states for providers to access these programs.

Quality Measures. The SUPPORT Act requires state Medicaid programs to report annually on behavioral health quality measures in CMS's adult core set beginning with 2024. These measures currently are voluntary.

Guidance and Studies. The SUPPORT Act directs the HHS Secretary to issue guidance on Medicaid-covered services and payment models for infants with neonatal abstinence syndrome and their families as well as to make recommendations to improve Medicaid coverage and payment for MAT, non-opioid pain management, and SUD treatment services. It also requires GAO to study gaps in Medicaid coverage for pregnant and postpartum women with SUD and directs MACPAC to study IMDs that receive Medicaid payments.

The SUPPORT Act includes one Medicaid offset and 2 Medicare offsets. The Medicaid offset allows states to retain medical loss ratio (MLR) remittances from managed care plans for the ACA expansion group at their regular FMAP, instead of the enhanced FMAP, if they establish an 85% MLR.

Senate HEAL Act

Medicaid-related provisions in the HEAL Act, approved by the Senate Finance Committee on June 12, 2018 are summarized in Table 3. They include:

Services. The HEAL Act authorizes Medicaid payments for services provided outside IMDs for pregnant and postpartum women receiving IMD SUD services. It also codifies the Medicaid managed care regulation that allows Medicaid funds for managed care capitation payments that include IMD services up to 15 days per month. In addition, it creates a state plan option to enter into provider agreements with residential pediatric recovery centers to provide services to infants with neonatal abstinence syndrome.

Prescription Drug Oversight. The HEAL Act directs states to facilitate access to prescription drug monitoring programs for Medicaid providers and health plans, to the extent permitted by state law.

Quality Measures. Like the SUPPORT Act, the HEAL Act requires state Medicaid programs to report annually on behavioral health quality measures in CMS's adult core set beginning with 2024.

Guidance and Studies. The HEAL Act directs the HHS Secretary to issue guidance on state options for SUD telehealth services and Medicaid services for non-opioid pain management, report to Congress on best practices for reducing children's barriers to Medicaid SUD telehealth services, report data on Medicaid SUD prevalence and treatment services, report and provide technical assistance to states on Medicaid housing-related services and supports for enrollees with SUD, and issue guidance on state options to use Medicaid funds for family-focused residential treatment programs. It also requires GAO to report on Medicaid peer support services, children's access to SUD services including telehealth, Medicaid SUD payment rates, and barriers to providing SUD treatment medication under various distribution models. Additionally, it directs MACPAC to report on state Medicaid MAT utilization control policies.

Looking Ahead

There are other bills related to Medicaid and opioids pending at the committee level in the Senate (Table 4) and the House (Table 5). It is unclear whether any will advance or whether the HEAL Act will be amended before passage in the Senate. There are few provisions that directly overlap in the SUPPORT Act and HEAL Act, making it likely that final legislation will go to a conference committee if the two chambers do not pass identical packages. A proposal to waive the IMD payment exclusion for all SUD services was offered as an amendment but not voted on by the Senate Finance Committee. Most of the HEAL Act provisions do not have a cost associated with them, and it remains to be seen how the two chambers will come to agreement on offsets for the SUPPORT provisions. As final legislation emerges, state Medicaid programs, SUD treatment providers, health plans, beneficiaries and other stakeholders will be watching to see what new authorities and funding will be available to address the opioid epidemic.

Appendix

Table 2: Medicaid Provisions in House Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, H.R. 6, as passed by the House on June 22, 2018			
Topic	**Section**	**Summary**	**CBO Score**
Eligibility and Enrollment for Criminal Justice Involved Youth	1001[1]	**Prohibits state Medicaid programs from terminating eligibility for an individual under age 21 or former foster care youth up to age 26 while incarcerated**. State must redetermine eligibility prior to release, without requiring a new application, and if still eligible, restore coverage upon release. Effective 1 year after enactment.	$75 million, 2019-2028
Eligibility and Enrollment for Former Foster Care Youth Across State Lines	1002[2]	**Requires states to ensure that Medicaid foster care youth who were enrolled at age 18 can retain coverage in any state until age 26**. Effective for those who turn 18 on or after 1/1/23. HHS Secretary must issue guidance on best practices for ensuring streamlined timely Medicaid access and conducting outreach to former foster care youth within 1 year of enactment.	$171 million, 2019-2028
Demonstrations to Increase Medicaid SUD Provider Capacity	1003[3]	**Authorizes Section 1115 demonstrations to increase Medicaid SUD provider capacity, beginning within 6 months of enactment**. In the first 18 months, Secretary shall award planning grants to at least 10 states, totaling $50 million, ensuring geographic diversity and giving preference to states with SUD, particularly opioid use disorder, prevalence comparable to or higher than the national average. In the remaining 36 months, Secretary shall select up to 5 of these states to receive enhanced federal matching funds for a portion of state spending on Medicaid SUD treatment services.	$301 million, 2019-2028
Prescription Drug Management (Provider/ Pharmacy Lock-In) Program for Enrollees Identified As At Risk of Abuse	1004[4]	**Requires state Medicaid programs to operate drug management programs to limit beneficiaries identified as at risk of drug abuse to 1 to 3 providers and pharmacies for controlled substance prescriptions, beginning 1/1/20.** State shall accommodate beneficiary preferences unless state determines that it would contribute to drug abuse or diversion. Exempts those receiving cancer treatment or hospice/palliative care, in long-term care facilities, and those whom state elects to exempt. States shall report annually on their programs to the Secretary and require managed care entities to operate and report on such programs in contracts on or after 1/1/20. MACPAC shall report on these programs within 2 years of enactment. Also adds excessive utilization to existing drug utilization review criteria as of 10/1/20.	-$13 million, 2019-2028; also would affect spending subject to appropriation
Prescription Drug Utilization Review Requirements for Opioids and Children's Antipsychotics	1005[5]	**Requires state Medicaid programs to have drug utilization review safety edits for opioid refills and an automated claims review process to identify refills in excess of state limits, monitor concurrent prescribing of opioids and benzodiazepines or antipsychotics, and require managed care plans to have these processes in place as of 10/1/19.** States also must have a program to monitor and annually report on antipsychotic prescribing for children generally and those in foster care and a process to identify potential controlled substance fraud or abuse by Medicaid enrollees, providers or pharmacies. Exempts those receiving cancer treatment or hospice/palliative care, in long-term care facilities, and those whom state elects to exempt. Secretary shall waive requirements during natural disasters and for emergency services.	$5 million, 2019-2028
HHS Guidance on Services and Payment Models for Infants with Neonatal Abstinence Syndrome and Parents with SUD; GAO Study on Medicaid Gaps for Pregnant Women with SUD	1006[6]	**Requires HHS Secretary to issue guidance within 1 year of enactment to improve care for infants with neonatal abstinence syndrome and their families**, including services, such as post-discharge and parenting supports, that states may cover under Medicaid; best practices for innovative or evidence-based payment models for parents with SUD and infants with NAS; recommendations on financing options for parents with SUD, infants with NAS, and home visiting services; and technical assistance to states for additional flexibilities and incentives related to screening, prevention, and post-discharge services, including parenting supports. Also requires GAO to study gaps in Medicaid coverage for pregnant and postpartum women with SUD within 1 year of enactment.	$2 million, 2019-2023, subject to appropriation
SUD Health Homes Enhanced FMAP Expansion; Required MAT Coverage	1007[7]	**Extends enhanced federal matching rate for new Medicaid health home activities targeted to beneficiaries with SUD from 8 quarters to 10 quarters for SPAs approved on or after 10/1/18.** HHS Secretary to post online best practices for SUD focused health homes by 10/1/20. **Also requires state Medicaid programs to cover all FDA-approved MAT drugs, from 10/1/20-9/30/25**, including methadone, licensed biological products to treat opioid use disorder, and counseling services and behavioral therapy, unless state certifies to Secretary's satisfaction that statewide	$509 million, 2019-2028 ($469 million for health home enhanced FMAP expansion; $39 million

		implementation for all Medicaid eligible individuals would not be feasible due to provider or facility shortage.	for MAT coverage)
State Reporting on Behavioral Health Quality Measures	5001[8]	**Requires state Medicaid programs to report annually on behavioral health quality measures in CMS's adult core set beginning with 2024**.	-$500,000 to $500,000, 2019-2028
IMD Payment MACPAC Study	5011-5012[9]	**Directs MACPAC to study Medicaid payments to IMDs in a representative sample of states by January, 2020,** including the number of IMDs, facility type, and any coverage limits; services provided and clinical assessment, reassessment, and discharge processes; any federal waivers and other Medicaid funding sources such as supplemental payments; state certification, licensure, and accreditation requirements; state quality, clinical, and facility standards; and recommendations for Congress and CMS to improve care, standards, and data collection.	$1 million, 2019-2023, subject to appropriation
Demonstrations to Facilitate Medicaid Enrollment and Provide Services Within 30 days of Incarceration Release	5031-5032[10]	**Requires HHS Secretary to issue state Medicaid director letter within 1 year of enactment regarding Section 1115 demonstrations to improve transitions for individuals moving from incarceration to the community,** including systems for assistance and education about Medicaid enrollment and providing health care services 30 days prior to release, based on best practices identified by Secretary-convened stakeholder group.	<$500,000, 2019-2023, subject to appropriation
Prescription Drug Monitoring Programs for Controlled Substances	5041-5042[11]	**Requires state Medicaid programs to have providers check prescription drug monitoring program for enrollee's prescription drug history before prescribing a controlled substance, as of 10/1/21.** Establishes criteria for PDMPs. Exempts enrollees who are receiving cancer treatment or hospice/palliative care, in long-term care or other facilities with single pharmacy contract, and those whom state elects to exempt. Secretary shall waive PDMP requirement for natural disasters and emergency services. States shall receive enhanced FMAP (not to exceed 100%) from 10/1/18 through 9/30/21 for PDMP implementation activities if state has agreements with contiguous states for providers to access PDMP. Secretary shall issue guidance on PDMP best practices by 10/1/19; and shall determine which providers should be exempt from PDMP and issue model practices, including MCO and pharmacy benefit manager access to enrollee data and beneficiary protections, to assist states with using PDMP data sharing agreements for monitoring fraud, waste and abuse; improving health care for those who transition in and out of Medicaid, may have other coverage in addition to Medicaid, or pay for prescriptions with cash; or other purposes by 10/1/20. GAO shall report on PDMP operations by 10/1/20. CMS shall publish guidance on increasing provider use of and best practices for PDMPs by 10/1/23. States shall report annually to Secretary on PDMP use and trends beginning in 2023.	-$500,000 to $500,000, 2019-2028; also would affect spending subject to appropriation
HHS Recommendations to Improve Coverage and Payment for MAT, Non-Opioid Pain Management, and SUD Treatment Services	6031-6032[12]	**Directs HHS Secretary to develop, *inter alia,* Medicaid recommendations,** including (1) program changes to enhance coverage and payment of FDA-approved MAT and other therapies that manage pain and treat and minimize addiction risk; (2) payment and service delivery models to be tested by CMMI and other federal demonstrations, including value-based models, that may encourage MAT use and other therapies that manage pain and minimize addiction risk; (3) data collection to facilitate research and policy making regarding opioid addiction prevention and treatment coverage and payment; (4) policies to expand access for rural or medically underserved communities to MAT and other therapies that manage pain and treat and minimize addiction risk; and (5) changes to address coverage or payment barriers to patient access to FDA-approved non-opioid medical devices to manage pain, monitor SUD withdrawal and prevent overdoses, and treat SUD. Secretary shall convene stakeholder meeting and issue RFI within 3 months of enactment and issue report to Congress by 6/1/19.	$2 million, 2019-2023, subject to appropriation, primarily affects Medicare
IMD Payment for Opioid and Cocaine SUD Services	11001-11002[13]	**Creates 5-year state plan option, from CY 2019 through CY 2023, for states to use Medicaid funds for IMD and other medically necessary services for nonelderly adults ages 21-64 with opioid use disorder or cocaine use disorder for up to any 30 days in a 12-month period.** State shall include plan for how to improve access to outpatient care, including IMD to outpatient transition process and to ensure care provided in most integrated setting appropriate, and describe how state ensures appropriate clinical screening to determine level of care and length of stay based on ASAM criteria. State shall report to HHS Secretary by 12/31/24, or one year after SPA termination on number of individuals who received IMD services, length of stay, type of outpatient treatment received after discharge, number of individuals with and type of co-occurring disorders, and access to community care for individuals with mental illness other than SUD.	$991 million, 2019-2028, for just opioids (prior to cocaine amendment)

Table 3: Medicaid Provisions in the Senate Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act, as approved by the Senate Finance Committee, S. 3120, on June 12, 2018			
Topic	Section	Summary	CBO Score
Provider Agreements for Residential Pediatric Recovery Centers	201[14]	**Creates Medicaid state plan option to enter into provider agreements with residential pediatric recovery centers for inpatient or outpatient services for infants under age 1 with NAS and their families.**	$0
GAO Report on Peer Support Services	202[15]	**Directs GAO to report within 2 years of enactment on Medicaid peer support services**, including coverage mechanisms, populations, payment models, and spending, and make legislative and administrative recommendations to improve services and access.	$0; also would affect spending subject to appropriation
HHS Guidance and GAO and Secretary Reporting on SUD Telehealth Services	203[16]	**Directs Secretary to issue guidance within 1 year of enactment on state options for federal Medicaid reimbursement for SUD services using telehealth**, including services that address needs of high risk individuals, including at least AI/ANs, adults under 40, and individuals with history of nonfatal overdose; SUD provider education using hub and spoke model, through managed care contracts, through administrative claiming for disease management activities, and under DSRIP; and services in school-based health centers. **Directs GAO to report within 1 year of enactment on children's access to Medicaid SUD services**, including options to increase telehealth SUD providers in school-based health centers, particularly in rural or underserved areas, and Medicaid SUD provider reimbursement rates. **Directs Secretary to report to Congress within 1 year of enactment on best practices for reducing barriers to telehealth SUD services for Medicaid children.**	$0; also would affect spending subject to appropriation
HHS Guidance on Non-Opioid Pain Management Services	204[17]	**Directs HHS Secretary to issue guidance on mandatory and optional Medicaid services for non-opioid pain treatment and management by 1/1/19.**	$0; also would affect spending subject to appropriation
GAO Study on MAT Drug Distribution Models	205[18]	**Directs GAO to report with 15 months of enactment on barriers to providing SUD treatment medication under Medicaid distribution models** including purchasing, storage and administration by providers; dispensing by pharmacists; and providers ordering, prescribing, and obtaining on demand from specialty pharmacies.	$0; also would affect spending subject to appropriation
Other Medicaid Services for Pregnant Women in IMDs	206[19]	**Authorizes Medicaid payments for services provided outside IMDs for pregnant and postpartum women receiving IMD SUD services.**	$48 million, 2019-2029
IMD Managed Care Capitation Payments	207[20]	**Codifies Medicaid managed care regulation allowing capitation payments to include IMD services up to 15 days per month.**	$0
MACPAC Report on MAT Utilization Controls	208	**Directs MACPAC to report on state Medicaid program policies for MAT utilization control**, including managed care and FFS, and identify policies that limit access by limiting quantities without evaluating the potential for fraud, waste, or abuse, within 1 year of enactment.	$0
Medicaid Data on SUD Prevalence and Services	209[21]	**Directs HHS Secretary to publish online report with data on SUD prevalence in Medicaid population and Medicaid SUD treatment services, within 1 year of enactment and updated annually through 2024.**	$0; also would affect spending subject to appropriation
Prescription Drug Monitoring Program	210[22]	**Directs state Medicaid programs to facilitate reasonable access to prescription drug monitoring programs for Medicaid providers and health plans, to the extent allowed under state law.**	$0
State Reporting on Behavioral Health Quality Measures	211[23]	**Requires state Medicaid programs to report annually on behavioral health quality measures in CMS's adult core set beginning with 2024.**	-$500,00 to $500,000
HHS Report on Housing-Related Services and Supports for Enrollees with SUD at Risk of Homelessness	212[24]	**Directs HHS Secretary to report on Medicaid initiatives and strategies to provide housing-related services and supports to beneficiaries with SUD who are at risk of homelessness within one year of enactment.**	$0
Technical Assistance on Housing-Related Services and Supports to Enrollees with SUD	213[25]	**Directs HHS Secretary to provide technical assistance to states seeking to provide Medicaid housing-related services and supports and care coordination services to beneficiaries with SUD** and issue action plan to do so within 180 days of enactment.	$0
Guidance on SUD Services in Family-Focused Residential Treatment Programs	301	**Directs HHS Secretary to issue guidance identifying opportunities for states to use Medicaid funds for family-focused residential treatment programs that allow children to reside with pregnant and postpartum women and parents receiving SUD treatment** and to coordinate with Title IV-E funding.	$0

Table 4: Senate Bills Related to Medicaid and Opioids at Committee Level, as of June 20, 2018					
Topic	**Bill #**	**Title**	**Sponsor**	**Summary**	**Status**
HHS Guidance on Family Focused Residential SUD Treatment	S. 2924	Supporting Family-Focused Residential Treatment Act	Sen. Tim Scott (R-SC)	Directs HHS Secretary to issue guidance within 180 days of enactment identifying existing flexibilities under Medicaid for states to receive funding for SUD treatment for pregnant and postpartum women, parents and their children; how states can employ and coordinate Medicaid, IV-E, and other HHS funds to support SUD treatment services, parenting education and skills development, care and services for children, NEMT, and transitional services for families leaving treatment; and how states can coordinate Medicaid and IV-E funds to provide foster care payments for children placed with parents in licensed residential family based SUD treatment facilities.	Introduced 5/22/18, referred to Finance Committee
HHS Report to Improve Coverage and Payment for MAT, Non-Opioid Pain Management, and SUD Treatment Services	S. 2769	A bill to require the Secretary of Health and Human Services to provide for an action plan on recommendations for changes under Medicare and Medicaid to prevent opioids addictions and enhance access to medication-assisted treatment…	Sen. Dean Heller (R-NV)	Directs HHS Secretary to develop, *inter alia,* Medicaid recommendations**,** including (1) program changes to enhance coverage and payment of FDA-approved MAT and other therapies that manage pain and treat and minimize addiction risk; (2) payment and service delivery models to be tested by CMMI and other federal demonstrations, including value-based models, that may encourage MAT use and other therapies that manage pain and minimize addiction risk; (3) data collection to facilitate research and policy making regarding opioid addiction prevention and treatment coverage and payment; (4) policies to expand access for rural or medically underserved communities to MAT and other therapies that manage pain and treat and minimize addiction risk; and (5) changes to address coverage or payment barriers to patient access to FDA-approved non-opioid medical devices to manage pain, monitor SUD withdrawal and prevent overdoses, and treat SUD. Secretary shall convene stakeholder meeting and issue RFI within 3 months of enactment and issue report to Congress by 1/1/19.	Introduced 4/26/18, referred to Finance Committee
Prescription Drug Monitoring Mapping Tool	S. 2729	Addiction Prevention and Responsible Opioid Practices Act	Sen. Richard Durbin (D-IL)	Directs HHS Secretary to create publicly available online interactive mapping tool showing Medicaid provider prescribing practices at state, county, and zip code levels for de-identified opioid prescription claims, *inter alia.*	Introduced 4/23/18, referred to Finance Committee
IMD Waiver Required for CARA Grants	S. 2700	Comprehensive Addiction Resources Emergency Act	Sen. Elizabeth Warren (D-MA)	Requires that localities receiving grants to address substance use must be in states that have in effect or have submitted an application for a Section 1115 waiver for IMD payment for nonelderly adults, *inter alia.*	Introduced 4/18/18, referred to HELP Committee
Maternal Infant Health Quality Measures	S. 2637	Quality Care for Moms and Babies Act	Sen. Debbie Stabenow (D-MI)	Directs Secretary to publish recommended set of maternal and infant health Medicaid quality measures for comment by 1/1/21, and initial set by 1/1/22. Secretary to develop standardized format for voluntary state reporting by 1/1/23, and report to Congress by 1/1/24, and every 3 years thereafter. Within 12 months of recommended measures release, Secretary shall establish maternal and infant quality measurement program and publish recommended changes 24 months later and annually thereafter. Requires states to report annually on state-specific maternal and infant health quality measures applied under its Medicaid program and information on care quality including managed care external quality reviews.	Introduced 4/10/18, referred to Finance Committee

Streamlined Pediatric Provider Enrollment	S. 2415	Accelerating Kids' Access to Care Act	Sen. Chuck Grassley (R-IA)	Requires states to adopt streamlined screening and enrollment processes for out-of-state pediatric providers and suppliers for which state has determined limited risk of fraud, waster or abuse as of 1/1/19. Providers that enroll under Medicare are enrolled in the state Medicaid program without any additional state screening or enrollment activities, shall not have to be revalidated for 5 years, and shall be permitted to order all clinically necessary follow-up care.	Introduced 2/12/18, referred to Finance Committee
Community Mental Health Demonstrations Extension	S. 1905	Excellence in Mental Health and Addiction Treatment Expansion Act	Sen. Debbie Stabenow (D-MI)	Allows an additional 11 states to participate in 2-year Medicaid demonstrations to improve access to community mental health services and extends the current 2-year demonstrations to 3 years.	Introduced 10/2/17, referred to Finance Committee
Therapeutic Family Care Services	S. 1357	Family-Based Care Services Act	Sen. Tammy Baldwin (D-WI)	Creates state option to provide therapeutic family care services for children under 21 who, due to mental illness, other emotional or behavioral disorders, medically fragile condition or developmental disability, need an institutional level of care but can be cared for in the community. Services include structured daily activities, including development, improvement, monitoring, and reinforcement of age-appropriate social, communication and behavioral skills; trauma-informed and gender-responsive services; crisis intervention and crisis support services; medication monitoring; counseling; case management; other intensive community services; and specialized parent/caregiver training including the impact of trauma, including trauma from substance abuse by child or caregiver.	Introduced 6/14/17, referred to Finance Committee
IMD SUD Payment; Grants for Youth Addiction Treatment Facility Expansion	S. 1169	Medicaid Coverage for Addiction Recovery Expansion Act	Sen. Richard Durbin (D-IL)	Creates state plan option for IMD SUD and other medically necessary services for nonelderly adults up to 2 consecutive periods of 30 consecutive days in facilities up to 40 beds, as of 1/1/19, if offered as part of full continuum of evidence-based treatment services. No limit on additional 30-day periods for pregnant women. Also establishes $50 million, 5-year grant program for states to expand infrastructure and treatment capabilities of youth addiction treatment facilities that serve Medicaid/CHIP enrollees under 21 in communities with high numbers of medically underserved at-risk youth, with at least 15% of grants awarded to state used for rural areas.	Introduced 5/17/17, referred to Finance Committee
Eligibility and Enrollment for Criminal Justice Involved Youth	S. 874	At-Risk Youth Medicaid Protection Act	Sen. Christopher Murphy (D-CT)	Prohibits state Medicaid programs from terminating Medicaid eligibility for an individual under age 21 or former foster care youth up to age 26 while incarcerated. State must restore Medicaid enrollment upon release, without requiring a new application. Effective 1 year after enactment.	Introduced 4/6/17, referred to Finance Committee
School-Based Health Center Services	S. 356	Hallways to Health Act	Sen. Debbie Stabenow (D-MI)	Establishes grant program for school-based health centers to assist Medicaid eligible and other children by providing community health workers to facilitate access to services that encourage healthy behaviors. Requires states to certify Medicaid-coverage of care and services in school-based health centers to same extent as if furnished in physician's office or outpatient clinic.	Introduced 2/13/17, referred to Finance Committee

Table 5: House Bills Related to Medicaid and Opioids at Committee Level, as of June 19, 2018					
Topic	**Bill No.**	**Title**	**Sponsor**	**Summary**	**Status**
Postpartum Coverage	H.R. 5977	MOMMA's Act	Rep. Robin Kelly (D-IL)	Extends Medicaid coverage for pregnant women from 60 days to 1 year post partum, *Inter alia*.	Introduced 5/25/18; referred to Energy & Commerce
SUD Payment Rates	H.R. 5933	Substance Abuse Prevention Act	Rep. Doug Collins (R-GA)	Authorizes HHS Secretary to make grants to states to supplement Medicaid reimbursement to credentialed SUD professionals, *inter alia*.	Introduced 5/23/18; referred to Oversight & Government Reform, Judiciary, and Energy & Commerce
Prescription Drug Monitoring Mapping Tool	H.R. 5865	Addiction Prevention and Responsible Opioid Practices Act	Rep. Matt Cartwright (D-PA)	Directs HHS Secretary to create publicly available online interactive mapping tool showing Medicaid provider prescribing practices at state, county, and zip code levels for de-identified opioid prescription claims, *inter alia*.	Introduced 5/17/18; referred to Energy and Commerce, Judiciary, Ways & Means, and Education & Workforce Committees, 5/17/18.
Prescription Drug Opioid Quantity Limits	H.R. 5635	Responsible Opioid Prescription Act	Rep. Glenn Grothman (R-WI)	Limits Medicaid coverage of initial opioid prescriptions to 7 days; and refills to 30 days and only if provider determines that expected benefits outweigh risks, combines opioids with non-pharmacologic and non-opioid pharmacologic therapy to extent appropriate, establishes treatment goals, and discusses risks and responsibilities. Effective 1/1/19, except for those receiving cancer treatment or hospice/palliative care or in long-term care or skilled nursing facilities.	Introduced 4/26/18; referred to Energy & Commerce
Report on MAT Coverage	H.R. 5616	Opioid Minority Health Report to Congress Act	Rep. Yvette Clark (D-NY)	Requires annual report by the National Institute of Minority Health and Health Disparities on extent to which and funding recommendations for expanding Medicaid coverage of MAT and other treatment options could decrease incidence of opioid use and overdose deaths, *inter alia*.	Introduced 4/25/18; referred to Energy & Commerce Subcommittee on Health
IMD Waiver Required for CARA Grant	H.R. 5545	Comprehensive Addiction Resources Emergency Act	Rep. Elijah Cummings (D-MD)	Requires localities receiving grants to address substance use must be in states that have in effect or have submitted an application for a Section 1115 IMD payment waiver for nonelderly adults, *inter alia*.	Introduced 4/18/18; referred to Subcommittee on Crime, Terrorism, Homeland Security & Investigations
Maternal/ Child Home Visiting Services	H.R. 3291	Alleviating Adverse Childhood Experiences Act	Rep. Tim Ryan (D-OH)	Creates state plan option for maternal, infant, and early childhood visiting program, with priority to families with history of substance abuse or who need substance abuse treatment, *inter alia*.	Introduced 7/18/17; referred to Energy & Commerce
IMD SUD Payment	H.R. 2938	Road to Recovery Act	Rep. Brian Fitzpatrick (R-PA)	Exempts IMD SUD services for those under age 65 from payment exclusion if continued need is reaffirmed at least every 60 days based on Secretary or state-approved criteria.	Introduced 6/20/17; referred to Energy & Commerce Subcommittee on Health
IMD SUD Payment; Grants for Youth Residential Treatment Facility Expansion	H.R. 2687	Medicaid Coverage for Addiction Recovery Expansion Act	Rep. Bill Foster (D-IL)	Creates state plan option for IMD SUD and other medically necessary services for nonelderly adults up to 2 consecutive periods of 30 consecutive days in facilities up to 40 beds, as of 1/1/19, if offered as part of full continuum of evidence-based treatment. No limit on additional 30-day periods for pregnant women. Also establishes $50 million, 5-year grant program for states to expand infrastructure and treatment capabilities of youth addiction treatment facilities that serve Medicaid/CHIP enrollees under 21 in communities with high numbers of medically underserved at-risk youth, with at least 15% of grants awarded to state used for rural areas.	Introduced 5/25/17, referred to Energy & Commerce Subcommittee on Health

Provider Agreements for Residential Pediatric Recovery Centers	H.R. 2501	CRIB Act	Rep. Evan Jenkins (R-WV)	Creates Medicaid state plan option to enter into provider agreements with residential pediatric recovery centers for inpatient or outpatient services for infants under age 1 with neonatal abstinence syndrome and their families.	Introduced 5/17/17; referred to Energy & Commerce Subcommittee on Health.
IMD SUD Payment	H.R. 2239	Breaking Addiction Act	Rep. Marcia Fudge (D-OH)	Creates Medicaid state plan option to cover IMD SUD services for nonelderly adults in facilities up to 60 beds.	Introduced 4/28/17; referred to Energy & Commerce
EPSDT Trauma Informed Services Demos and GAO Study	H.R. 1757	Trauma-Informed Care for Children and Families Act	Rep. Danny Davis (D-IL)	Authorizes Medicaid demonstration projects in 10 states to test innovative trauma-informed approaches for delivering EPSDT and directs GAO to study how state Medicaid programs use EPSDT to provide trauma-informed services, *inter alia*.	Introduced 3/28/17; referred to Subcommittee on Crime, Terrorism, Homeland Security, and Investigations

Table Notes

[1] Originally H.R. 1925, *At-Risk Youth Medicaid Protection Act*, Rep. Tony Cardenas (D-CA) and Rep. Morgan Griffith (R-VA). Approved by Rules Committee, 6/19/18, to House Floor.

[2] Originally H.R. 4998, *Health Insurance for Former Foster Youth Act*, Rep. Karen Bass (D-CA). Approved by Rules Committee, 6/19/18, to House Floor.

[3] Originally H.R. 5477, *Rural Development of Opioid Capacity Services Act*, Rep. Tom O'Halloran (D-AZ). Approved by Rules Committee, 6/19/18, to House Floor.

[4] Originally H.R. 5808, *Medicaid Pharmaceutical Home Act*, Rep. Gus Bilirakis (R-FL). Approved by Rules Committee, 6/19/18, to House Floor.

[5] Originally H.R. 5799, *Medicaid DRUG Improvement Act*, Rep. Martha Blackburn (R-TN). Approved by Rules Committee, 6/19/18, to House Floor.

[6] Originally H.R. 5789, *To amend title XIX of the Social Security Act to provide for Medicaid coverage protections for pregnant and postpartum women receiving inpatient treatment for SUD*, Rep. Bill Foster (D-IL) and Rep. Brett Guthrie (R-KY). Approved by Rules Committee, 6/19/18, to House Floor.

[7] Originally H.R. 5810, *Medicaid Health HOME Act*, Rep. Leonard Lance (R-NJ) and Rep. Peter Welch (D-VT). Approved by Rules Committee, 6/19/18, to House Floor.

[8] Originally H.R. 5583, Rep. Yvette Clark (D-NY). Passed House by voice vote, 6/12/18; added to H.R. 6 by Rules Committee 6/19/18.

[9] Originally H.R. 5800, *Medicaid IMD Additional Info Act,* Rep. Fred Upton (R-MI). Passed House by voice vote, 6/12/18; added to H.R. 6 by Rules Committee 6/19/18.

[10] Originally H.R. 4005, *Medicaid Reentry Act,* Rep. Paul Tonko (D-NY). Passed House by voice vote, 6/19/18; added to H.R. 6 by Rules Committee 6/19/18.

[11] Originally H.R. 5801, *Medicaid PARTNERSHIP Act,* Rep. Morgan Griffith (R-VA). Passed House by voice vote, 6/19/18; added to H.R. 6 by Rules Committee 6/19/18.

[12] Originally H.R. 5590, *Opioid Addiction Plan Act,* Rep. Adam Kinzinger (R-IL). Passed House by voice vote, 6/19/18; added to H.R. 6 by Rules Committee 6/19/18.

[13] Originally H.R. 5797, *Individuals in Medicaid Deserve Care that is Appropriate and Responsible in its Execution (IMD CARE) Act*, Rep. Mimi Walters (R-CA). Passed House, 261:155, 6/20/18; added to H.R. 6 by Rules Committee 6/19/18.

[14] *See also Caring Recovery for Infants and Babies Act*, S. 2899, Sens. Brown, Portman, Casey, Heller, Whitehouse.

[15] *See also Peer Support Enhancement and Evaluation Review Act*, S. 2892, Sens .Cardin, Isakson.

[16] *See also Medicaid Substances Use Disorder Treatment Via Telehealth Act,* S. 2904, Sens. Carper, Thune, Warner, Nelson, Roberts, Stabenow, Cornyn; *Telecast Act,* S.2910, Sens. Roberts, Nelson, Cornyn, Warner, Carper, Stabenow, Thune;

[17] *See also Enhancing Patient Access to Non-Opioid Treatment Options,* S. 2911, Sens. Heller, Casey, Stabenow, Nelson, Thune, Cornyn.

[18] *See also Assessing Barriers to Opioid Use Disorder Treatment Act,* S. 2909, Sens. Heller, Bennet.

[19] *See also Help for Moms and Babies Act,* S. 2922, Sens. Stabenow, Heller, Brown, Whitehouse, Carper.

[20] *See also Securing Flexibility to Treat Substance Use Disorders Act,* S. 2921, Sens. Heller, Menendez, Grassley, Cornyn, McCaskill, Carper.

[21] *See also Opioid Addiction Treatment Programs Enhancement Act,* S. 2912, Sens. Cassidy, Menendez, Warner, Grassley.

[22] *See also Better Data Sharing to Combat the Opioid Crisis Act,* S. 2902, Sens. Cassidy, Whitehouse.

[23] Cassidy/Brown Amendment #2 to HEAL Substance Use Disorders Act of 2018, https://www.finance.senate.gov/imo/media/doc/Amendments%20HEAL%20Act1.pdf.

[24] Cardin/Isakson Amendment #4 HEAL Substance Use Disorders Act of 2018, https://www.finance.senate.gov/imo/media/doc/Amendments%20HEAL%20Act1.pdf.

[25] Cardin/Isakson Amendment #4 HEAL Substance Use Disorders Act of 2018, https://www.finance.senate.gov/imo/media/doc/Amendments%20HEAL%20Act1.pdf.