

# Union Calendar No. 580

115<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 5590

**[Report No. 115–746, Part I]**

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, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 24, 2018

Mr. KINZINGER (for himself, Ms. CLARKE of New York, Mr. LAHOOD, and Mr. DANNY K. DAVIS of Illinois) 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

JUNE 12, 2018

Additional sponsors: Mrs. BLACKBURN, Mr. WALDEN, and Mr. MITCHELL

JUNE 12, 2018

Reported from the Committee on Energy and Commerce with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]

JUNE 12, 2018

The Committee on Ways and Means discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed

[For text of introduced bill, see copy of bill as introduced on April 24, 2018]

# **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, and for other purposes.

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 “Opioid Addiction Action*  
5 *Plan Act”.*

6 **SEC. 2. ACTION PLAN ON RECOMMENDATIONS FOR**  
7                    **CHANGES UNDER MEDICARE AND MEDICAID**  
8                    **TO PREVENT OPIOIDS ADDICTIONS AND EN-**  
9                    **HANCE ACCESS TO MEDICATION-ASSISTED**  
10                   **TREATMENT.**

11        *(a) IN GENERAL.—Not later than January 1, 2019,*  
12 *the Secretary of Health and Human Services (in this sec-*  
13 *tion referred to as the “Secretary”), in collaboration with*  
14 *the Pain Management Best Practices Inter-Agency Task*  
15 *Force convened under section 101(b) of the Comprehensive*  
16 *Addiction and Recovery Act of 2016 (Public Law 114–198),*  
17 *shall develop an action plan that provides recommendations*  
18 *described in subsection (b).*

19        *(b) ACTION PLAN COMPONENTS.—Recommendations*  
20 *described in this subsection are, based on an examination*  
21 *by the Secretary of potential obstacles to an effective re-*  
22 *sponse to the opioid crisis, recommendations, as determined*  
23 *appropriate by the Secretary, on the following:*

24                    *(1) Recommendations on changes to the Medicare*  
25                    *program under title XVIII of the Social Security Act*

1        *and the Medicaid program under title XIX of such*  
2        *Act that would enhance coverage and payment under*  
3        *such programs of all medication-assisted treatment*  
4        *approved by the Food and Drug Administration for*  
5        *the treatment of opioid addiction and other therapies*  
6        *that manage chronic and acute pain and treat and*  
7        *minimize risk of opioid addiction, including rec-*  
8        *ommendations on changes to the Medicare prospective*  
9        *payment system for hospital inpatient department*  
10       *services under section 1886(d) of such Act (42 U.S.C.*  
11       *1395ww(d)) and the Medicare prospective payment*  
12       *system for hospital outpatient department services*  
13       *under section 1833(t) of such Act (42 U.S.C. 1395l(t))*  
14       *that would allow for separate payment for such thera-*  
15       *pies, if medically appropriate and if necessary to en-*  
16       *courage development and adoption of such therapies.*

17                *(2) Recommendations for payment and service*  
18        *delivery models to be tested by the Center for Medicare*  
19        *and Medicaid Innovation and other federally author-*  
20        *ized demonstration projects, including value-based*  
21        *models, that may encourage the use of appropriate*  
22        *medication-assisted treatment approved by the Food*  
23        *and Drug Administration for the treatment of opioid*  
24        *addiction and other therapies that manage chronic*

1        *and acute pain and treat and minimize risk of opioid*  
2        *addiction.*

3            (3) *Recommendations for data collection that*  
4        *could facilitate research and policy making regarding*  
5        *prevention of opioid addiction and coverage and pay-*  
6        *ment under the Medicare and Medicaid programs of*  
7        *appropriate opioid addiction treatments.*

8            (4) *Recommendations for policies under the*  
9        *Medicare program and under the Medicaid program*  
10       *that can expand access for rural, or medically under-*  
11       *served communities to the full range of medication-as-*  
12       *sisted treatment approved by the Food and Drug Ad-*  
13       *ministration for the treatment of opioid addiction*  
14       *and other therapies that manage chronic and acute*  
15       *pain and treatment and minimize risk of opioid ad-*  
16       *diction.*

17           (5) *Recommendations on changes to the Medicare*  
18       *program and the Medicaid program to address cov-*  
19       *erage or payment barriers to patient access to med-*  
20       *ical devices that are non-opioid based treatments ap-*  
21       *proved by the Food and Drug Administration for the*  
22       *management of acute pain and chronic pain, for*  
23       *monitoring substance use withdrawal and preventing*  
24       *overdoses of controlled substances, and for treating*  
25       *substance use disorder.*

1       (c) *STAKEHOLDER MEETINGS.*—

2             (1) *IN GENERAL.*—Beginning not later than 3  
3       months after the date of the enactment of this Act, the  
4       Secretary shall convene a public stakeholder meeting  
5       to solicit public comment on the components of the ac-  
6       tion plan recommendations described in subsection  
7       (b).

8             (2) *PARTICIPANTS.*—Participants of meetings de-  
9       scribed in paragraph (1) shall include representatives  
10       from the Food and Drug Administration and Na-  
11       tional Institutes of Health, biopharmaceutical indus-  
12       try members, medical researchers, health care pro-  
13       viders, the medical device industry, the Medicare pro-  
14       gram, the Medicaid program, and patient advocates.

15       (d) *REQUEST FOR INFORMATION.*—Not later than 3  
16       months after the date of the enactment of this section, the  
17       Secretary shall issue a request for information seeking pub-  
18       lic feedback regarding ways in which the Centers for Medi-  
19       care & Medicaid Services can help address the opioid crisis  
20       through the development of and application of the action  
21       plan.

22       (e) *REPORT TO CONGRESS.*—Not later than June 1,  
23       2019, the Secretary shall submit to Congress, and make  
24       public, a report that includes—

1           (1) *a summary of recommendations that have*  
2           *emerged under the action plan;*

3           (2) *the Secretary’s planned next steps with re-*  
4           *spect to the action plan; and*

5           (3) *an evaluation of price trends for drugs used*  
6           *to reverse opioid overdoses (such as naloxone), includ-*  
7           *ing recommendations on ways to lower such prices for*  
8           *consumers.*

9           (f) *DEFINITION OF MEDICATION-ASSISTED TREAT-*  
10          *MENT.—In this section, the term “medication-assisted treat-*  
11          *ment” includes opioid treatment programs, behavioral ther-*  
12          *apy, and medications to treat substance abuse disorder.*

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