

115TH CONGRESS
2D SESSION

H. R. 5635

To amend title XIX of the Social Security Act to impose restrictions under the Medicaid program with respect to opioid prescriptions, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 26, 2018

Mr. GROTHMAN introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to impose restrictions under the Medicaid program with respect to opioid prescriptions, 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 “Responsible Opioid
5 Prescription Act”.

1 **SEC. 2. MEDICAID RESTRICTIONS RELATING TO OPIOID**
2 **PRESCRIPTIONS.**

3 (a) IN GENERAL.—Section 1927(d) of the Social Se-
4 curity Act (42 U.S.C. 1396r–8(d)) is amended by adding
5 at the end the following new paragraph:

6 “(8) RESTRICTIONS RELATING TO OPIOIDS.—

7 “(A) IN GENERAL.—Subject to subpara-
8 graph (B), with respect to calendar quarters be-
9 ginning on or after January 1, 2019, a State
10 may only provide coverage under the State plan
11 (or a waiver of such plan) for an opioid dis-
12 pensed to an individual enrolled under the plan
13 (or waiver) to the extent that—

14 “(i) in the case of an initial prescrip-
15 tion for the opioid to the individual, such
16 prescription is limited to a maximum of a
17 7-day supply; and

18 “(ii) in the case of a refill of such pre-
19 scription, such refill is limited to a max-
20 imum of a 30-day supply and prescribed
21 only if a provider—

22 “(I) determines that the expected
23 benefits of using the opioid to treat or
24 improve the individual’s pain or func-
25 tion, respectively, outweigh the risks
26 of such use;

1 “(II) to the extent appropriate,
2 combines the use of the opioid with
3 non-pharmacologic therapy and non-
4 opioid pharmacologic therapy;

5 “(III) establishes treatment goals
6 for the individual and takes steps to
7 ensure that the use of the opioid will
8 be discontinued if the provider deter-
9 mines that the benefits of such use no
10 longer outweigh the risks; and

11 “(IV) discusses with the indi-
12 vidual the known risks of such use,
13 the realistic benefits of such use, and
14 the responsibilities of the provider and
15 individual in managing such use.

16 “(B) EXCEPTION.—Subparagraph (A)
17 shall not apply with respect to opioids dispensed
18 to individuals who are—

19 “(i) receiving treatment for cancer;

20 “(ii) receiving hospice or palliative
21 care; or

22 “(iii) patients in a long-term care fa-
23 cility or a skilled nursing facility.

24 “(C) DEFINITIONS.—In this paragraph:

1 “(i) INITIAL PRESCRIPTION.—The
2 term ‘initial prescription’, with respect to
3 an individual, includes the issuance of a
4 new prescription to the individual for an
5 opioid that the individual was previously
6 prescribed, provided that such new pre-
7 scription is issued more than 60 days after
8 the expiration of such previous prescrip-
9 tion.

10 “(ii) OPIOID.—The term ‘opioid’ has
11 the meaning given such term in section
12 102 of the Controlled Substances Act (21
13 U.S.C. 802) and includes drugs included in
14 schedules II, III, and IV of section 202(c)
15 of such Act (21 U.S.C. 812(c)).”.

16 (b) PROHIBITION ON PAYMENTS FOR CERTAIN
17 OPIOID PRESCRIPTIONS.—Section 1903(i) of the Social
18 Security Act (42 U.S.C. 1396b(i)) is amended by inserting
19 after paragraph (8) the following new paragraph:

20 “(9) with respect to opioids (as defined in sec-
21 tion 1927(d)(8)) dispensed in calendar quarters be-
22 ginning on or after January 1, 2019, unless such
23 opioids are dispensed in accordance with section
24 1927(d)(8); or”.

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