

115TH CONGRESS
2D SESSION

S. 2912

To require the Secretary of Health and Human Services to publish data related to the prevalence of substance use disorders in the Medicaid beneficiary population and the treatment of substance use disorders under Medicaid, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 22, 2018

Mr. CASSIDY (for himself, Mr. MENENDEZ, Mr. GRASSLEY, and Mr. WARNER) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To require the Secretary of Health and Human Services to publish data related to the prevalence of substance use disorders in the Medicaid beneficiary population and the treatment of substance use disorders under Medicaid, 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
5 Treatment Programs Enhancement Act”.

1 **SEC. 2. T-MSIS SUBSTANCE USE DISORDER DATA BOOK.**

2 (a) IN GENERAL.—Not later than the date that is
3 12 months after the date of enactment of this Act, the
4 Secretary of Health and Human Services (in this section
5 referred to as the “Secretary”) shall publish on the public
6 website of the Centers for Medicare & Medicaid Services
7 a report with comprehensive data on the prevalence of sub-
8 stance use disorders in the Medicaid beneficiary popu-
9 lation and services provided for the treatment of substance
10 use disorders under Medicaid.

11 (b) CONTENT OF REPORT.—The report required
12 under subsection (a) shall include, at a minimum, the fol-
13 lowing data for each State (including, to the extent avail-
14 able, for the District of Columbia, Puerto Rico, the Virgin
15 Islands, Guam, the Northern Mariana Islands, and Amer-
16 ican Samoa):

17 (1) The number and percentage of individuals
18 enrolled in the State Medicaid plan or waiver of such
19 plan in each of the major enrollment categories (as
20 defined in a public letter from the Medicaid and
21 CHIP Payment and Access Commission to the Sec-
22 retary) who have been diagnosed with a substance
23 use disorder and whether such individuals are en-
24 rolled under the State Medicaid plan or a waiver of
25 such plan, including the specific waiver authority

1 under which they are enrolled, to the extent avail-
2 able.

3 (2) A list of the substance use disorder treat-
4 ment services by each major type of service, such as
5 counseling, medication assisted treatment, peer sup-
6 port, residential treatment, and inpatient care, for
7 which beneficiaries in each State received at least 1
8 service under the State Medicaid plan or a waiver of
9 such plan.

10 (3) The number and percentage of individuals
11 with a substance use disorder diagnosis enrolled in
12 the State Medicaid plan or waiver of such plan who
13 received substance use disorder treatment services
14 under such plan or waiver by each major type of
15 service under paragraph (2) within each major set-
16 ting type, such as outpatient, inpatient, residential,
17 and other home and community-based settings.

18 (4) The number of services provided under the
19 State Medicaid plan or waiver of such plan per indi-
20 vidual with a substance use disorder diagnosis en-
21 rolled in such plan or waiver for each major type of
22 service under paragraph (2).

23 (5) The number and percentage of individuals
24 enrolled in the State Medicaid plan or waiver, by

1 major enrollment category, who received substance
 2 use disorder treatment through—

3 (A) a medicaid managed care entity (as de-
 4 fined in section 1932(a)(1)(B) of the Social Se-
 5 curity Act (42 U.S.C. 1396u–2(a)(1)(B))), in-
 6 cluding the number of such individuals who re-
 7 ceived such assistance through a prepaid inpa-
 8 tient health plan or a prepaid ambulatory
 9 health plan;

10 (B) a fee-for-service payment model; or

11 (C) an alternative payment model, to the
 12 extent available.

13 (6) The number and percentage of individuals
 14 with a substance use disorder who receive substance
 15 use disorder treatment services in an outpatient or
 16 home and community-based setting after receiving
 17 treatment in an inpatient or residential setting, and
 18 the number of services received by such individuals
 19 in the outpatient or home and community-based set-
 20 ting.

21 (c) ANNUAL UPDATES.—The Secretary shall issue an
 22 updated version of the report required under subsection
 23 (a) not later than January 1 of each calendar year
 24 through 2024.

1 (d) USE OF T-MSIS DATA.—The report required
 2 under subsection (a) and updates required under sub-
 3 section (c) shall—

4 (1) use data and definitions from the Trans-
 5 formed Medicaid Statistical Information System
 6 (“T-MSIS”) data set that is no more than 12
 7 months old on the date that the report or update is
 8 published; and

9 (2) as appropriate, include a description with
 10 respect to each State of the quality and complete-
 11 ness of the data and caveats describing the limita-
 12 tions of the data reported to the Secretary by the
 13 State that is sufficient to communicate the appro-
 14 priate uses for the information.

15 **SEC. 3. MAKING T-MSIS DATA ON SUBSTANCE USE DIS-**
 16 **ORDERS AVAILABLE TO RESEARCHERS.**

17 (a) IN GENERAL.—The Secretary of Health and
 18 Human Services (referred to in this section as the “Sec-
 19 retary”) shall publish in the Federal Register a system
 20 of records notice for the data specified in subsection (b)
 21 for the Transformed Medicaid Statistical Information Sys-
 22 tem, in accordance with section 552a(e)(4) of title 5,
 23 United States Code. The notice shall outline policies that
 24 protect the security and privacy of the data that, at a min-

1 imum, meet the security and privacy policies of SORN 09–
2 70–0541 for the Medicaid Statistical Information System.

3 (b) REQUIRED DATA.—The data covered by the sys-
4 tems of records notice required under subsection (a) shall
5 be sufficient for researchers and States to analyze the
6 prevalence of substance use disorders in the Medicaid ben-
7 eficiary population and the treatment of substance use dis-
8 orders under Medicaid across all States (including the Dis-
9 trict of Columbia, Puerto Rico, the Virgin Islands, Guam,
10 the Northern Mariana Islands, and American Samoa),
11 forms of treatment, and treatment settings.

12 (c) INITIATION OF DATA-SHARING ACTIVITIES.—Not
13 later than January 1, 2019, the Secretary shall initiate
14 the data-sharing activities outlined in the notice required
15 under subsection (a).

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