

115TH CONGRESS  
2D SESSION

# H. R. 5590

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## AN ACT

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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Opioid Addiction Ac-  
3 tion Plan Act”.

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

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

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

22 (1) Recommendations on changes to the Medi-  
23 care program under title XVIII of the Social Secu-  
24 rity Act and the Medicaid program under title XIX  
25 of such Act that would enhance coverage and pay-  
26 ment under such programs of all medication-assisted

1 treatment approved by the Food and Drug Adminis-  
2 tration for the treatment of opioid addiction and  
3 other therapies that manage chronic and acute pain  
4 and treat and minimize risk of opioid addiction, in-  
5 cluding recommendations on changes to the Medi-  
6 care prospective payment system for hospital inpa-  
7 tient department services under section 1886(d) of  
8 such Act (42 U.S.C. 1395ww(d)) and the Medicare  
9 prospective payment system for hospital outpatient  
10 department services under section 1833(t) of such  
11 Act (42 U.S.C. 1395l(t)) that would allow for sepa-  
12 rate payment for such therapies, if medically appro-  
13 priate and if necessary to encourage development  
14 and adoption of such therapies.

15 (2) Recommendations for payment and service  
16 delivery models to be tested by the Center for Medi-  
17 care and Medicaid Innovation and other federally  
18 authorized demonstration projects, including value-  
19 based models, that may encourage the use of appro-  
20 priate medication-assisted treatment approved by the  
21 Food and Drug Administration for the treatment of  
22 opioid addiction and other therapies that manage  
23 chronic and acute pain and treat and minimize risk  
24 of opioid addiction.

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

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

15          (5) Recommendations on changes to the Medi-  
16          care program and the Medicaid program to address  
17          coverage or payment barriers to patient access to  
18          medical devices that are non-opioid based treatments  
19          approved by the Food and Drug Administration for  
20          the management of acute pain and chronic pain, for  
21          monitoring substance use withdrawal and preventing  
22          overdoses of controlled substances, and for treating  
23          substance use disorder.

24          (c) STAKEHOLDER MEETINGS.—

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

7           (2) PARTICIPANTS.—Participants of meetings  
8           described in paragraph (1) shall include representa-  
9           tives from the Food and Drug Administration and  
10          National Institutes of Health, biopharmaceutical in-  
11          dustry members, medical researchers, health care  
12          providers, the medical device industry, the Medicare  
13          program, the Medicaid program, and patient advo-  
14          cates.

15          (d) REQUEST FOR INFORMATION.—Not later than 3  
16          months after the date of the enactment of this section,  
17          the Secretary shall issue a request for information seeking  
18          public feedback regarding ways in which the Centers for  
19          Medicare & Medicaid Services can help address the opioid  
20          crisis through the development of and application of the  
21          action 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), in-  
7 cluding recommendations on ways to lower such  
8 prices for consumers.

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

Passed the House of Representatives June 19, 2018.

Attest:

*Clerk.*



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