Hatch Amendment #1 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: To make certain modifications

Description of Amendment: This amendment would make modifications to the provisions of the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018.

Hatch Amendment #2 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: To make certain modifications

Description of Amendment: This amendment would make modifications to the provisions of the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018.

Hatch Amendment #3 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: To make certain modifications

Description of Amendment: This amendment would make modifications to the provisions of the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018.

Hatch Amendment #4 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: To make certain modifications

Description of Amendment: This amendment would make modifications to the provisions of the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018.

Cornyn Amendment #1 to Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Promoting Outpatient Access to Non-Opioid Treatments

Description of Amendment: This amendment would amend Section 1833(t) of the Social Security Act (42 U.S.C. 1395l(t)) by adding a requirement to review and revise payments for non-opioid alternative treatments. The amendment would provide for review and adjustment of payments under the Medicare outpatient prospective payment system to avoid financial disincentives to use non-opioid alternative treatments that have demonstrated the ability to reduce the use of opioids. The focus is on covered OPD services (or groups of services) assigned to a comprehensive ambulatory payment classification that primarily include surgical services, and other services determined by the Secretary which generally involve treatment for pain management. Priority shall also be given to treatments that, given the specific drug, service, or device under review, generally require OPD providers to sustain a financial loss in order to utilize such drug, service, or device.

Note: Please collate and staple all amendments into one set. This will expedite processing and distribution of the Amendments.

Cornyn Amendment #2 to Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Identifying Barriers to Abuse-Deterrent Opioid Formulations

Description of Amendment: This amendment would require the Centers for Medicare & Medicaid Services to report to Congress on the adequacy of access to abuse-deterrent opioid formulations for individuals with chronic pain enrolled in a prescription drug plan under Medicare or Medicare Advantage (MA). The report must account for any barriers preventing enrollees from accessing such formulations under Medicare or MA.

Note: Please collate and staple all amendments into one set. This will expedite processing and distribution of the Amendments.

Isakson Amendment #1 to the Chairman's Mark of the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Prioritize Non-Opioid Treatment Act

Description of Amendment: This amendment would direct HHS to review and make adjustments to the Outpatient Prospective Payment System (OPPS) (HOPD and ASC) to avoid financial incentives that may lead to the use of opioids instead of non-opioid alternative treatments (including drugs and devices, nerve blocks, surgical injections, and neuromodulation). The legislation will direct HHS to prioritize OPD services assigned to comprehensive ambulatory payment classifications that primarily include surgical services. HHS can begin making payment revisions, as deemed appropriate, on or after Jan. 1, 2020.

Offset: To be provided.

[Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Portman Amendment #1

Short Title: Synthetics Trafficking and Overdose Prevention (STOP) Act

Description of Amendment: This amendment requires the United States Postal Service (USPS) to transmit Advance Electronic Data (AED) to Customs and Border Protection (CBP) on at least 70 percent of international mail arriving to the United States by December 31, 2018, and 100 percent by December 31, 2020; USPS is directed to refuse packages without AED after 2020, unless remedial action is taken.

Portman Amendment #2

Co sponsors: Cardin, Brown

Short title: This amendment may be cited as the "Medicaid Coverage for Addiction Recovery Expansion Act" or "Medicaid CARE Act".

Description of Amendment: This amendment would allow for individuals with Medicaid coverage, between the ages of 21-64, to receive inpatient services for substance use disorder treatment in facilities with more than 16 beds; these services would be available from January 1, 2019 through December 31, 2023; it would require participating inpatient facilities to offer all FDA-approved forms of medication-assisted treatments and would establish a maintenance of effort on state, inpatient spending as a condition for receiving a federal match for services.

Offset: to be determined.

Toomey Amendment #1

Toomey Amendment #1 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Encouraging Appropriate Prescribing for Victims of Overdose Act

Background: Recent studies[1,2] have shown that victims of nonfatal opioid-related overdoses routinely continue to receive legal opioid analgesic prescriptions in concerning amounts. Medical literature has shown that a previous overdose is one of the most significant predictors of a future overdose.[3] Another study showed that as of 2012, 62 percent of opioid-related hospitalizations were paid for by Medicare and Medicaid,[4] indicating these programs are particularly well positioned to meaningfully intervene.

Description of Amendment: This amendment would modify the current Medicare drug management program and Medicaid drug use review programs to encourage appropriate prescribing for victims of opioid-related overdoses.

- **Medicare:** Amends Section 1860D—4(c)(5)(C) of the Social Security Act to require, starting no later than January 1, 2021
  - The Centers for Medicare and Medicaid Services to identify enrollees with a history of opioid-related overdose, as defined by the Secretary
  - Include such enrollees as “potentially at-risk” beneficiaries for prescription drug abuse under this paragraph (thus including these enrollees in the Overutilization Monitoring System)

- **Medicaid:** Amends Section 1927(g)(2)(A) of the Social Security Act to require that states, starting no later than January 1, 2020
  - Develop and implement, review and update, clinical protocols under their prospective drug review program to
    - Identify individuals with a history of nonfatal opioid-related overdose, to the extent that such data is available, and
    - Reduce and remediate excessive or otherwise inappropriate prescriptions provided to, or drug use by, such individuals

Offset: To be determined.[NOTE – Amendment sponsor reserves the right to modify the amendment for technical, germaneness, or other purposes.]

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[1] Frazier W, Cochran G, Lo-Ciganic W, et al. Medication-Assisted Treatment and Opioid Use Before and After Overdose in Pennsylvania Medicaid. JAMA. 2017;318(8):750–752. doi:10.1001/jama.2017.7818

[2] Larochelle MR, Liebschutz JM, Zhang F, Ross-Degnan D, Wharam JF. Opioid Prescribing After Nonfatal Overdose and Association With Repeated Overdose: A Cohort Study. Ann Intern Med. 2016;164:1–9. doi: 10.7326/M15-0038

[3] Mark A. Stove, Paul M. Dietze, Damien Jolley, “Overdose deaths following previous non-fatal heroin overdose: Record linkage of ambulance attendance and death registry data,” Drug and Alcohol Review, July 2009. https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1465-3362.2009.00057.x

[4] “Hospital Inpatient Utilization Related to Opioid Overuse Among Adults, 1993-2012,” Agency for Healthcare Research and Quality, July 2014. https://www.hcup-us.ahrq.gov/reports/statbriefs/sb177-Hospitalizations-for-Opioid-Overuse.jsp

Toomey Amendment #2

Toomey Amendment #2 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Encouraging Appropriate Prescribing for Victims of Overdose in Medicare Act

Background: Recent studies[5,6] have shown that victims of nonfatal opioid-related overdoses routinely continue to receive legal opioid analgesic prescriptions in concerning amounts. Medical literature has shown that a previous overdose is one of the most significant predictors of a future overdose.[7] Another study showed that as of 2012, 62 percent of opioid-related hospitalizations were paid for by Medicare and Medicaid,[8] indicating these programs are particularly well positioned to meaningfully intervene.

Description of Amendment:

Amends Section 1860D—4(c)(5)(C) of the Social Security Act to require, starting no later than January 1, 2021

- The Centers for Medicare and Medicaid Services to identify enrollees with a history of opioid-related overdose, as defined by the Secretary
- Include such enrollees as potentially at-risk beneficiaries for prescription drug abuse under this paragraph (thus including these enrollees in the Overutilization Monitoring System)

[NOTE – Amendment sponsor reserves the right to modify the amendment for technical, germaneness, or other purposes.]

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[5] Frazier W, Cochran G, Lo-Ciganic W, et al. Medication-Assisted Treatment and Opioid Use Before and After Overdose in Pennsylvania Medicaid. JAMA. 2017;318(8):750–752. doi:10.1001/jama.2017.7818

[6] Larochelle MR, Liebschutz JM, Zhang F, Ross-Degnan D, Wharam JF. Opioid Prescribing After Nonfatal Overdose and Association With Repeated Overdose: A Cohort Study. Ann Intern Med. 2016;164:1–9. doi: 10.7326/M15-0038

[7] Mark A. Stove, Paul M. Dietze, Damien Jolley, "Overdose deaths following previous non-fatal heroin overdose: Record linkage of ambulance attendance and death registry data," Drug and Alcohol Review, July 2009. https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1465-3362.2009.00057.x

[8] "Hospital Inpatient Utilization Related to Opioid Overuse Among Adults, 1993-2012," Agency for Healthcare Research and Quality, July 2014. https://www.hcup-us.ahrq.gov/reports/statbriefs/sb177-Hospitalizations-for-Opioid-Overuse.jsp

Toomey Amendment #3

Toomey Amendment #3 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Encouraging Appropriate Prescribing for Victims of Overdose in Medicaid Act

Background: Recent studies[9,10] have shown that victims of nonfatal opioid-related overdoses routinely continue to receive legal opioid analgesic prescriptions in concerning amounts. Medical literature has shown that a previous overdose is one of the most significant predictors of a future overdose.[11] Another study showed that as of 2012, 62 percent of opioid-related hospitalizations were paid for by Medicare and Medicaid,[12] indicating these programs are particularly well positioned to meaningfully intervene.

Description of Amendment:

Amends Section 1927(g)(2)(A) of the Social Security Act to require that states, starting no later than January 1, 2020

- Develop and implement, review and update, clinical protocols under their prospective drug review program to
    - Identify individuals with a history of nonfatal opioid-related overdose, to the extent that such data is available, and
    - Reduce and remediate excessive or otherwise inappropriate prescriptions provided to, or drug use by, such individuals

Offset: To be determined.[NOTE – Amendment sponsor reserves the right to modify the amendment for technical, germaneness, or other purposes.]

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[9] Frazier W, Cochran G, Lo-Ciganic W, et al. Medication-Assisted Treatment and Opioid Use Before and After Overdose in Pennsylvania Medicaid. JAMA. 2017;318(8):750–752. doi:10.1001/jama.2017.7818

[10] Larochelle MR, Liebschutz JM, Zhang F, Ross-Degnan D, Wharam JF. Opioid Prescribing After Nonfatal Overdose and Association With Repeated Overdose: A Cohort Study. Ann Intern Med. 2016;164:1–9. doi: 10.7326/M15-0038

[11] Mark A. Stove, Paul M. Dietze, Damien Jolley, "Overdose deaths following previous non-fatal heroin overdose: Record linkage of ambulance attendance and death registry data," Drug and Alcohol Review, July 2009. https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1465-3362.2009.00057.x

[12] "Hospital Inpatient Utilization Related to Opioid Overuse Among Adults, 1993-2012," Agency for Healthcare Research and Quality, July 2014. https://www.hcup-us.ahrq.gov/reports/statbriefs/sb177-Hospitalizations-for-Opioid-Overuse.jsp

Toomey Amendment #4

Toomey Amendment #4 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title/Purpose: To amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries.

Description of Amendment:

Currently, Medicare Part D plan sponsors *may* establish a drug management program for at-risk beneficiaries under Section 1860D-4(c)(5) of the Social Security Act.

This amendment would *require* Medicare Part D plan sponsors to establish such a program.

[NOTE – Amendment sponsor reserves the right to modify the amendment for technical, germaneness, or other purposes.]

Toomey Amendment #5

Toomey Amendment #5 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title/Purpose: To include beneficiaries receiving extreme doses of opioid analgesics in the Centers for Medicare and Medicaid Services' Overutilization Monitoring System.

Background:

According to the Government Accountability Office[13] and Department of Health and Human Services Office of the Inspector General (OIG),[14] even the new criteria for inclusion in the Centers for Medicare and Medicaid Services Overutilization Monitoring System leaves out many beneficiaries that are at risk of opioid-related harm. The Centers for Disease Control and Prevention (CDC) prescribing guidelines for chronic pain recommend to avoid or carefully justify daily dosages of 90 milligram morphine equivalent dose (mg MED) or more. In 2016, 1.6 million Medicare beneficiaries met or exceeded that threshold (excluding those with cancer, in hospice care, or with overlapping dispensing dates for timely continued fills for the same opioid),[15] but even more disturbingly, the OIG found almost 70,000 Medicare beneficiaries who received what they considered an extreme amount (an average of 240 mg MED or more per day) for an entire year (also excluding beneficiaries with a cancer diagnosis or in hospice).

Description of Amendment:

Amends Section 1860D-4(c)(5) of the Social Security Act to require the Secretary to establish a criteria for inclusion as a potentially at-risk beneficiary due to receiving extreme doses of opioid analgesics, as defined by the Secretary, regardless of the number of opioid prescribers or opioid dispensing pharmacies.

[NOTE – Amendment sponsor reserves the right to modify the amendment for technical, germaneness, or other purposes.]

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[13] "GAO-18-15: Medicare Needs to Expand Oversight Efforts to Reduce the Risk of Harm," Government Accountability Office, October 6, 2017. https://www.gao.gov/products/GAO-18-15

[14] "Opioids in Medicare Part D: Concerns about Extreme Use and Questionable Prescribing," U.S. Department of Health & Human Services Office of Inspector General, July 2017, https://oig.hhs.gov/oei/reports/oei-02-17-00250.pdf

[15] "Announcement of Calendar Year (CY) 2019 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter," Centers for Medicare and Medicaid Services, April 2, 2018. https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf

Heller/Menendez/Isakson Amendment #1 to the Chairman's Mark of the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Opioid Addiction Action Plan Act

Description of Amendment: Any provision of the Chairman's modification to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018 should consider including 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 opioid addiction and enhance access to medication-assisted treatment.

Offset: To be provided.

[Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Heller Amendment #2 to the Chairman's Mark of the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Amendment of a perfecting nature

Description of Amendment: TBD

Offset: To be provided.

[Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Cassidy-Nelson-Cardin Amendment #1

Cassidy-Nelson-Cardin Amendment #1 to Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: The Comprehensive Opioid Management and Bundled Addiction Treatment Act of 2018' or the `COMBAT' Act of 2018

Description of Amendment: To amend title XVIII of the Social Security Act to provide for Medicare coverage of certain services furnished by opioid treatment programs, and for other purposes.

Cassidy Amendment #2

Cassidy Amendment #2 to Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: MANDATORY REPORTING WITH RESPECT TO ADULT BEHAVIORAL HEALTH MEASURES

Description of Amendment: To amend title XI of the Social Security Act to require States to annually report on certain adult health quality measures, and for other purposes.

Wyden Amendment #1 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Encouraging Care Coordination for Certain At-Risk Beneficiaries of Prescription Drug Abuse

Description of Amendment: The amendment, in order to encourage the coordination of care for certain at-risk beneficiaries of prescription drug abuse, would require the Secretary of HHS to make payments to certain prescribers for providing care coordination services to those beneficiaries, beginning on or after January 1, 2020.

The payment to the eligible health professional would encourage care coordination for Medicare beneficiaries enrolled in stand-alone Part D plans who have been identified as at-risk beneficiaries for prescription drug abuse and whose access to prescription opioids have been limited ("locked-in") under the Part D drug management program to one or more prescribers.

The health professionals eligible for this payment would be required to meet the following criteria: (1) be a physician, physician assistant, nurse practitioner, clinical nurse specialist or certified nurse midwife; and (2) be the prescriber selected by a stand-alone Part D plan and/or an at-risk beneficiary under the Part D drug management program.

In order to receive payment, the eligible health professional would be required to establish or maintain a care plan for the at-risk beneficiary. The care plan would include limiting unnecessary opioid utilization and facilitating appropriate behavioral health services, including substance use abuse disorder treatment as necessary.

The eligible health professional would also be required to coordinate with other providers of services and suppliers, as appropriate, related to both the management of underlying health conditions and associated pain of the beneficiary – if these conditions or pain are related to the beneficiary's opioid prescription(s). The eligible health professional would also be required to coordinate with other providers of services and suppliers furnishing behavioral health services to the at-risk beneficiary. The Secretary would be permitted to add other coordination activities as necessary.

If the at-risk beneficiary is limited to multiple prescribers under the Part D drug management program, this payment could only be provided to one of these prescribers. The at-risk beneficiary would not be charged any cost sharing for these care coordination services.

The GAO would be required to analyze the impact of this new payment for care coordination services on a variety of factors and submit a report to Congress no later than 5 years after the date of enactment.

Offset: TBD

[Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Wyden Amendment #2 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Placeholder/TBD

Description of Amendment: Placeholder/TBD

Offset: TBD

[Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Wyden Amendment #3 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Placeholder/TBD

Description of Amendment: Placeholder/TBD

Offset: TBD

[Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Wyden Amendment #4 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Placeholder/TBD

Description of Amendment: Placeholder/TBD

Offset: TBD

[Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related (if applicable), germaneness

s, or other purposes.]

Stabenow, Brown Amendment #1 to Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Excellence in Mental Health and Addiction Treatment Expansion Act

Description of Amendment: Amend Section 223(d) of the Protecting Access to Medicare Act of 2014 to provide an additional year of funding for the 8 states previously selected for the demonstration program for certified community behavioral health clinics (CCBHCs), and provide 11 additional states with two years of funding. Addiction care is a core requirement of CCBHCs. These clinics provide addiction screenings, outpatient substance use services, crisis care, medication-assisted treatment and other evidence-based addiction treatment, expanded access to credentialed substance use specialists, ambulatory detoxification, and peer services. Based on early results of the program, 94% of CCBHCs report an increase in the number of patients treated for addiction, 17% have seen a greater than 50% increase in their number of new patients with addiction, and 68% report a decrease in patient wait times. Half of CCBHCs offer same-day access for addiction care, and 80% offer access within a week, speeding the availability of services to patients seeking care.

Offset: To be provided.

[Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Stabenow, Cassidy Amendment #2 to Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: CHIP Mental Health and Addiction Parity Act

Description of Amendment: This amendment would ensure access to mental health and substance use disorder services for children and pregnant women under the Children's Health Insurance Program. The text of S.2253 has been amended to incorporate CMS technical assistance.

[Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.

Stabenow, Cardin, Nelson, Cantwell, Brown Amendment #3 to Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Medicare Negotiation of Lower Naloxone Prices

Description of Amendment: This would amend Section 1860D-11 of the Social Security Act to allow CMS to negotiate lower prices for naloxone under the Medicare prescription drug benefit.

[Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Stabenow, Brown Amendment #4 to Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Medicare Negotiation of Lower Prices for Medication Assisted Treatment and Non-Opioid Alternatives

Description of Amendment: This would amend Section 1860D-11 of the Social Security Act to allow CMS to negotiate lower prices for medication assisted treatment and non-opioid alternatives, as identified by the Secretary of Health and Human Services.

[Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Stabenow, Cardin, Brown Amendment #5 to Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: GAO Evaluation of Naloxone Pricing, Access, and Spending

Description of Amendment: This amendment would direct the Government Accountability Office (GAO) to submit a report to congress within 12 months of the date of enactment on naloxone pricing, access, and spending. Specifically, the report should include but is not limited to the following:

- History of naloxone prices.
- Examination of price changes over time and the reasons for those changes.
- Study on the impact of naloxone prices on patients, first responders, hospitals, communities, states, and the federal government.
- Evaluation of the federal government's efforts related to naloxone access and pricing, including an evaluation of the government's adoption of recommendations from the Commission on Combating Drug Addiction and the Opioid Crisis.
- Recommendations on efforts the federal government should take to increase access to and increase the affordability of naloxone.

[Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.

Cantwell Amendment #1 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: 100 percent FMAP for Substance Use Disorder Services and Treatment at Urban Indian Health Programs

Description of Amendment: At the appropriate place in the Chairman's Mark, amend Section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) to provide a permanent 100 percent Federal Medical Assistance Percentage (FMAP) for substance use disorder (SUD) services and treatment, including opioid use disorder (OUD) services, furnished by Urban Indian Health Programs (UIHP's) to Medicaid beneficiaries.

Urban Indian Health Programs are non-profit health providers serving the American Indian/Alaska Native (AI/AN) population outside tribal communities, including beneficiaries covered by state Medicaid programs. Under current law, unlike other tribally-focused health providers, Urban Indian Health Programs are not eligible for a 100 percent FMAP for services furnished to AI/AN Medicaid beneficiaries.

The amendment would enhance Urban Indian Health Programs' ability to provide culturally-competent, high-quality SUD services to AI/AN Medicaid beneficiaries. The amendment would also relieve state budget pressures and provide payment parity between UIHP's and other health providers who service the AI/AN population.

Offset: To be provided

Cantwell Amendment #2 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: To encourage increased federal agency collaboration to prevent and deter the illegal diversion of prescription opioids.

Description of Amendment: At the appropriate place in the Chairman's Mark, the amendment would require the Secretary of Health and Human Services, acting through the Administrator of the Centers for Medicare and Medicaid Services (CMS), to issue a report to Congress within 180 days, describing:

- The extent of current collaboration between CMS and the Drug Enforcement Administration within the Department of Justice, related to the enforcement of the Controlled Substances Act (21 U.S.C § 823) and its sections related to the negligent distribution of prescription opioids, requirements to maintain internal controls against diversion of opioids, and reporting of suspicious orders;

- Barriers or challenges to such collaboration; and

- Recommendations to increase such collaboration.

Offset: n/a

Nelson/Heller Amendment #1 to the Chairman’s Mark of the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Opioid Workforce Act of 2018

Description of Amendment: Any provision of the Chairman’s modification to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018 should consider including S.2843, the Opioid Workforce Act, which would amend title XVII of the Social Security Act to provide for the distribution of addition residency positions to help combat the opioid crisis. The Opioid Workforce Act would create 1,000 new Medicare-supported medical residency positions at hospitals throughout the country to train new doctors in addiction medicine, addiction psychiatry, or pain management. Eligible hospitals would be able to add up to 25 full-time residency positions in their opioid-related medical residency programs.

Offset: To be provided.

[Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Menendez-Nelson-Brown-Carper- Casey NAS Amendment

Menendez-Nelson-Brown-Carper- Casey Amendment #1 to Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Neonatal Abstinence Syndrome Guidance Act

Description of Amendment: _Would direct the Secretary of HHS to provide guidance in Medicaid to improve treatment and outcomes for infants with neonatal abstinence syndrome.

Carper Amendment #1 to the Chairman's Mark - "Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018"

Short Title: To require prescriber participation in State prescription drug monitoring programs in the Medicaid program and improve interoperability between States.

Description of Amendment:

Prescription drug monitoring programs are promising and effective tools to use in the fight against the opioid crisis. Evidence suggests that States with statutory mandates for prescription drug monitoring programs can be effective in reducing the number of opioid prescriptions received by Medicaid enrollees. There is also evidence to suggest that Medicaid spending on these prescriptions is reduced.

This amendment would require the Chairman's modified mark to mandate prescribers in the Medicaid program to register with their State's prescription drug monitoring program. Any State that requires Medicaid prescribers to participate in their prescription drug monitoring program shall receive additional federal funds to improve their prescription drug monitoring program's interoperability with other States' monitoring programs.

Offset: This amendment is not expected to have a cost

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Carper-Nelson Amendment #2 to the Chairman's Mark of the "Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018"

Short Title: Recommendations to eliminate barriers to training for Medication-Assisted Treatment (MAT)

Description of Amendment:

Under current law, health care providers must complete eight to 24 hours of training to qualify for a waiver to prescribe medication-assisted treatment (MAT) for opioid addiction. Applications for these waivers may also include a significant cost or fee that may discourage some health care providers from MAT training.

Health care providers have expressed concerns that the requirements and fees associated with MAT training are repetitive, unnecessarily time-consuming, and may prevent health care providers from prescribing MAT to patients.

This amendment would direct the Centers for Medicare and Medicaid Services (CMS) to examine financial, administrative, statutory, and regulatory barriers to increasing MAT training among health care providers, and to issue recommendations to Congress for statutory and regulatory solutions for eliminating such barriers and increasing the number of providers trained to prescribe MAT to treat opioid addiction.

Offset: This amendment is not expected to have a cost.

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Cardin Amendment #1 to the Chairman's Mark

Short Title: Screening for Substance Use in Youth and Adolescents

Description of Amendment: This amendment would clarify that children under 21 enrolled in Medicaid receive screening for tobacco, alcohol, and drug use assessment under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

Offset: To be provided.

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Cardin-Nelson Amendment #2 to the Chairman's Mark

Short Title: Evaluation of Best Practices for Prevention of Substance Use in Children and Adolescents

Description of Amendment: Asks GAO to review current practices and identify best practices for prevention of substance abuse for children in Medicaid and the Children's Health Insurance Program (CHIP)**.**

Offset: To be provided if needed.

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Cardin Amendment #3 to the Chairman's Mark

Short Title: Medicaid Health Homes for Substance-Use-Disorder Medicaid Enrollees Act

Description of Amendment: Extends the enhanced FMAP for Medicaid health homes for individuals with substance use disorder.

Offset: To be provided.

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Cardin-Isakson Amendment #4 to the Chairman's Mark

Short Title: Medicaid Support Services for Individuals with Substance Use Disorder

Description of Amendment: This policy would require the Secretary of HHS to submit to Congress a report on innovative state initiatives and strategies to provide housing-related service and supports to individuals struggling with substance use disorders under Medicaid and provide technical assistance and support to states regarding the development and expansion of innovative strategies to provide housing-related supports and services and care coordination to individuals with SUD**.**

Offset: To be provided if needed.

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Cardin Amendment #5 to the Chairman's Mark

Short Title: Improving Access to Medicare Behavioral Health Services Act

Description of Amendment: This amendment creates a three year Medicare demonstration project to test how health care costs can be reduced, and mental health improved, through integrating primary and behavioral health care through the use of peer support providers.

Offset: To be provided.

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Brown Amendment #1 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018.

Short Title: Medicaid and CHIP Quality Improvement Act (Revised S. 1317)

Description: this amendment would build on the Bipartisan Budget Act of 2018, which requires states to report on pediatric quality measures in Medicaid and CHIP, to amend title XI of the Social Security Act to require states to report on adult behavioral health and substance use disorder quality measures. The amendment would also fund the development of adult quality measures.

Offset: to be provided.

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Brown Amendment #2 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018.

Short Title: Medicaid and CHIP Quality Improvement Act version 2 (Revised S. 1317)

Description: this amendment would build on the Bipartisan Budget Act of 2018, which requires states to report on pediatric quality measures in Medicaid and CHIP, to amend title XI of the Social Security Act to require states to report on adult behavioral health and substance use disorder quality measures.

Offset: to be provided.

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Brown Amendment #3 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018.

Short Title: Lock-In Auto-escalation

Description: this amendment would amend section 704 (the "lock-in" provision) of the Comprehensive Addiction and Recovery Act (CARA) to clarify that beneficiaries who are included in a Part D plan "lock-in" have the option to auto-escalate their appeals. In implementing section 704, CMS did not provide this option, as was intended by Congress. This amendment is a clarification of Congress's original intent in the drafting of section 704.

Offset: to be provided.

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Brown Amendment #4 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018.

Short Title: Stabilize Medicaid and CHIP Coverage Act of 2017 (S. 1227)

Description: to amend titles XIX and CCI of the Social Security Act to provide for 12-month continuous enrollment under Medicaid and CHIP to ensure states have the option to provide for 12-month continuous eligibility for individuals in these programs, especially those struggling with substance use disorder who tend to churn in and out of coverage.

Offset: to be provided.

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Brown Amendment #5 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018.

Short Title: Medicare Mental Health Access Act (S. 448)

Description: to amend title XVIII of the Social Security Act to provide for treatment of clinical psychologists under the Medicare physician definition, along with other providers, for purposes of furnishing clinical psychologist services under the Medicare program to enhance our mental health workforce for individuals struggling with substance use disorder.

Offset: to be provided.

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Brown Amendment #6 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018.

Short Title: Stop Price Gouging Act (revised S. 1369)

Description: to amend the Internal Revenue Code to establish an excise tax on certain prescription drugs used in the treatment of opioid use disorder or other substance use disorders, or in the prevention of overdoses, which have been subject to a price spike without reasonable cause.

Offset: to be provided.

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Brown Amendment #7: to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018.

Short Title: Equity in Pretrial Medicaid Coverage Act of 2016 (revised)

Description: would amend Title XIX of the Social Security Act to allow an otherwise eligible individual who is in custody pending charges to receive Medicaid benefits, in particular those individuals struggling from substance use disorder while in pretrial custody.

Offset: to be provided.

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Brown Amendment #8: to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018.

Short Title: CRIB Act Clarifications

Description: amendment to clarify the types of services a residential pediatric recovery center, as defined in the Chairman's mark, may offer, and to emphasize the relevance of such facilities in high need areas.

Offset: to be provided.

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

<u>Casey Amendment #1 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018</u>

Short Title: Medicare Opioid Recovery Emergency Savings Demonstration

Description of Amendment: This amendment would promote affordable access to evidence-based opioid treatments in Medicare. It amends Section 1115A(b)(2)(B) of the Social Security Act to specify that the Center for Medicare and Medicaid Innovation (CMMI) may test, subject to the existing statutory requirements, eliminating Medicare Part B, C, and D cost-sharing (including copayments, coinsurance and deductibles) for medications to treat opioid use disorders and reverse opioid overdose as well as for associated behavioral health services.

Offset: N/A

Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related, germaneness, or other purposes.

Casey Amendment #2 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Cosponsors: Bennet, Brown

Short Title: Health Insurance for Former Foster Youth Act

Description of Amendment: This amendment would clarify Congress's intent with regards to states' obligation to extend Medicaid coverage to former foster youth, and would eliminate the requirement that these individuals already be enrolled in Medicaid to qualify. It would also extend this coverage to youth who left the foster care system at age 14 for a legal guardianship with a kinship caregiver, and require public outreach programs to ensure eligible young adults are aware they can enroll.

Offset: To be provided.

Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related, germaneness, or other purposes.

Casey Amendment #3 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Increasing Access to Medication Assisted Treatment Under Medicaid

Description of Amendment: This amendment would assist and incentivize state Medicaid programs in offering Medication Assisted Treatment (MAT) for opioid use disorders by increasing the Federal Medical Assistance Percentage (FMAP) for Medicaid. All states would receive a 75% FMAP for MAT. If a state offers all three medications indicated for MAT (Methadone, Buprenorphine, and Naltrexone) as well as associated behavioral health services, it would receive a 90% FMAP.

Offset: To be provided

Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related, germaneness, or other purposes.

WARNER AMENDMENT #1 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: To Assess, Identify and Improve Quality Measures Related to Opioid and Substance Use Disorder

Description of Amendment:

Not later than 3 months after the date of the enactment of this Act, the Secretary shall enter into a contract with the entity with a contract under section 1890(a) under which the entity shall:

- Conduct an environmental assessment of the current state of quality measures and measure concepts, as well as top-priority considerations for measurement in the area of opioid and substance use disorder quality measures and related quality measures. Such assessment shall also include an analysis of available quality measure domains and related measure gap areas.
- Not later than 18 months after the date of the enactment of this Act, submit the results of the assessment to the Secretary.
- Facilitate increased coordination and alignment between the public and private sector with respect to quality and efficiency measures.
- Prepare and make available to the public its findings in its annual report. Such public availability shall include posting each report on the Internet website of the entity.

In addition, the Secretary shall:

- Develop a measure development plan to address the gaps, measure concepts, and identified measure domains stemming from the recommendations in the assessment.
- Not later than 6 months after receiving the results of assessment make the plan developed publically available.

Funding

- Amends Section 1890(d)(2) of the Social Security Act to transfer a total of $1,000,000 for the period of fiscal years 2018 and 2019 to carry out the assessment.

Offset: N/A uses existing appropriations to carry out the Act.

MCCASKILL AMENDMENT #1 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Short Title: Increasing Patient Advocacy Transparency

Description of Amendment:

The amendment requires reporting of certain payments to patient advocacy groups and others.

Specifically, it amends Title XI of the Social Security Act to require manufacturers required to report under the Physician Payments Sunshine Act – including opioid manufacturers and other pharmaceutical manufacturers, to publicly report payments made to the following types of organizations, in the same manner in which they currently report payments to physicians and teaching hospitals:

- A professional society of health care providers or pharmacists.
- A patient advocacy organization, consumer advocacy organization, voluntary health agency, or a coalition of such organizations, including a disease-specific advocacy organization.
- A patient education organization.
- A provider of continuing education, including a medical education or communications company.
- A clinical trial organization.
- An education accreditation organization.
- A co-pay assistance organization or other organization providing financial assistance to patients.
- A foundation established by an entity described above

The amendment also gives manufacturers required to report under the Physician Payments Sunshine Act the option of describing payments as fundraising events sponsorships; meeting or conference expenses, or funding of marketing; public relations activities; and television, internet or media placement, in addition to the options existing under current law.

Such reporting will take place on the 90th day of each calendar year beginning with 2023.

Offset: N/A CBO confirmed amendment has no cost.

MCCASKILL-BROWN AMENDMENT #2 to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018

Cosponsors: Brown

Short Title: The End Taxpayer Subsidies for Drug Ads Act

Description of Amendment: The amendment eliminates the current subsidy related to direct-to-consumer advertising of prescription drugs, including prescription narcotics.

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Whitehouse Amendment #1 to the Chairman's Mark

Short Title: Improving Access to MAT in Medicaid

Description of Amendment: This amendment would require state Medicaid plans to cover all FDA-approved forms of medication-assisted treatment for substance use disorders and appropriate counseling and behavioral therapies as part of their outpatient drug programs.

Offset: To be provided.

Whitehouse Amendment #2 to the Chairman's Mark

Short Title: Medicaid Reentry Act

Description of Amendment: This amendment would allow Medicaid to cover substance use disorder treatment for inmates during the 30-day period preceding expected release from a public institution.

Offset: To be provided.

Whitehouse Amendment #3 to the Chairman's Mark

Short Title: Best Practices for Prescription Drug Monitoring Programs

Description of Amendment: This amendment would require the Centers for Medicare and Medicaid Services to issue guidance to States on best practices to improve the accessibility and usability of prescription drug monitoring programs.