

## Modifications to the Chairman's Mark of

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

#### **To modify Section 102: Expanding Telehealth Response to Ensure Addiction Treatment**

On page 4 of the Mark, strike the section title and replace with the following: "Section 102: Expanding the Use of Telehealth Services for the Treatment of Opioid Use Disorder and Other Substance Use Disorders"

On page 4 of the Mark, in section 102, in the first full paragraph on that page, modify the first sentence to read as follows: "The Chairman's Mark would amend SSA Section 1834(m) to eliminate certain statutory originating site requirements for services furnished via telehealth for the purpose of treating substance use disorders, beginning January 1, 2019."

On page 4 of the Mark, in section 102, in the first full paragraph on that page, modify the second sentence to read as follows: "Thus, the provision would allow payment for these telehealth services when furnished to a beneficiary at an originating site, including the beneficiary's home, without regard to its geographic location."

On page 4 of the Mark, in section 102, in the first full paragraph on that page, strike the third sentence and replace with the following: "A separate facility fee would not be provided if the originating site is the beneficiary's home."

#### **To accept, as modified, Cassidy#1/Nelson/Cardin**

On page 9 of the Mark, after Section 108, insert the following:

"Section 109: Opioid Treatment Program Demonstration

The Chairman's Mark would add a new SSA Section 1866F requiring that the HHS Secretary conduct a demonstration to test coverage and payment for opioid use disorder treatment services furnished by Opioid Treatment Programs (OTP), to begin no later than January 1, 2021 and run for a five-year period. An eligible OTP would be defined as a program certified by the Substance Abuse and Mental Health Services Administration (SAMHSA), accredited by an SAMHSA-approved entity, that submits necessary data and information to the HHS Secretary, and that meets other requirements established by the HHS Secretary. Opioid use disorder treatment services would include: Food and Drug Administration- (FDA) approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications; substance use disorder counseling; individual and group therapy; toxicology testing; and other services determined appropriate by the HHS Secretary. An eligible OTP selected to participate in the demonstration would receive a bundled payment made under Part B for those opioid use disorder treatment services, which may vary based on the type of medication administered. The HHS Secretary would be able to consider payment rates for comparable services made by state Medicaid plans and TRICARE in developing the bundles. The HHS Secretary would be able to include up to 2,000 beneficiaries in the demonstration at any one time. The HHS Secretary would be provided \$5 million in funding and the ability to waive certain provisions in the Social Security Act to implement the demonstration. The HHS Secretary would provide a report to Congress that includes an evaluation of the demonstration no later than two years after its completion."

#### **To add Section 110: Medicare Improvement Fund**

On page 9 of the Mark, insert the following:

“Section 110: Medicare Improvement Fund

The Chairman’s Mark would deposit \$50 million into the Medicare Improvement Fund (MIF).”

**To modify Section 208: Removing Lifetime Limits under Medicaid on Medication-Assisted Treatment for Substance Use Disorders**

On page 14 of the Mark, strike the Proposed Provision and replace with the following:

“Section 208: MACPAC Study and Report on MAT Utilization Controls under State Medicaid Programs

The Chairman’s Mark would create a standalone requirement that the Medicaid and CHIP Payment and Access Commission (MACPAC), within one year after the date of enactment, make publicly available a report on states’ Medicaid programs for utilization control policies for medication-assisted treatment. The report must include policies for both fee-for-service and managed care delivery systems, and contain an inventory of policies related to ensuring beneficiaries’ access to medically necessary treatment, an analysis of states’ compliance with regulations on managed care entities’ utilization controls, and identify states’ policies that limit access to medication-assisted treatment by limiting quantities without evaluating the potential for fraud, waste, or abuse.”

**To accept Cassidy#2/Brown#2**

On page 16 of the Mark, insert the following after Section 210:

“Section 211: Mandatory Reporting with Respect to Adult Behavioral Health Measures

The Mark would amend SSA Section 1139B to require states to report quality measures related to behavioral health included in the core set of adult health quality measures beginning in 2024. It would also require the HHS Secretary to maintain such behavioral health measures within its core set for purposes of state reporting requirements.”

**To accept, as modified, Cardin#4/Isakson**

On page 16 of the Mark, insert the following after Section 211:

“Section 212: Report on Housing-Related Services and Supports for Individuals with Substance Use Disorders under Medicaid

The Mark would create a standalone requirement that the HHS Secretary, within one year after the date of enactment, issue a report on innovative initiatives and strategies that states may use under Medicaid to provide housing-related services and supports to beneficiaries with substance use disorders who are at risk of homelessness. The report would focus on successful methods and strategies to increase housing stability for beneficiaries with substance use disorders, including innovative approaches and lessons learned from states providing housing-related services and supports under Medicaid waivers, existing opportunities for States to provide housing-related services and supports through such waivers or state plan amendments, and strategies and partnerships developed and implemented by state Medicaid programs and other entities to identify and enroll eligible individuals with substance use disorders who are experiencing or are at risk of experiencing homelessness.”

**To accept, as modified, Cardin#4/Isakson**

On page 16 of the Mark, insert the following after Section 212:

**“Section 213: Technical Assistance and Support for State Strategies to Provide Housing-Related Supports under Medicaid**

The Mark would also require the HHS Secretary to provide technical assistance and support to states seeking to provide housing-related supports and services and care coordination services under Medicaid to beneficiaries with substance use disorders, and issue a report detailing an action plan to do so within 180 days after enactment.”