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H.R. 5676 – the Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act (Rep. MacArthur, R-NJ)

CONTACT: [Gavin Proffitt](#), 202-226-2076

FLOOR SCHEDULE:

June 19, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY: [H.R. 5676](#) would authorize the suspension of payments by Medicare prescription drug plans and Medicare Advantage Prescription Drug plans pending investigation of credible allegations of fraud by pharmacies.

COST: The [Congressional Budget Office](#) estimates that the reduction in premiums for benefits due to suspended payments to pharmacies under fraud investigations would lower federal spending for Part D by \$9 million over the 2019-2028 period.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** No
- **Encroach into State or Local Authority?** No
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No

DETAILED SUMMARY AND ANALYSIS:

[H.R. 5676](#) would authorize the suspension of payments by Medicare prescription drug plans and Medicare Advantage Prescription Drug plans, pending investigation of credible allegations of fraud by pharmacies.

This legislation also clarifies that a fraud hotline tip, as defined by the Secretary of Health and Human Services, without further evidence shall not be treated as sufficient evidence for a credible allegation of fraud.

The changes made by the bill would be applicable to plan years beginning January 1, 2020.

COMMITTEE ACTION:

This bill was introduced by Representative MacArthur on May 3, 2018, and was referred to the House Committee on Energy and Commerce, as well as the House Committee on Ways and Means. The Committee marked up and reported the bill on May 16, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time

CONSTITUTIONAL AUTHORITY:

“Congress the power to enact this legislation pursuant to the following: Article 1, Section 8 of the United States Constitution”

H.R. 5723 – Expanding Oversight of Opioid Prescribing and Payment Act of 2018 (Rep. Tenney, R-NY)

CONTACT: [Gavin Proffitt](#), 202-226-2076

FLOOR SCHEDULE:

June 19, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY: [H.R. 5676](#) would require the Medicare Payment Advisory Commission to report on opioid payment, adverse incentives, and data under the Medicare program.

COST: The [Congressional Budget Office](#) estimates that producing such a report would cost less than \$500,000 over the 2019-2023 period.

The bill would specify that no additional funds are authorized to be appropriated to carry out the requirements of the bill, and that the requirements shall be carried out using amounts otherwise authorized.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would require the Medicare Payment Advisory Commission to report on opioid payment, adverse incentives, and data under the Medicare program.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5723 would require the Medicare Payment Advisory Commission to report on opioid payment, adverse incentives, and data under the Medicare program.

The report to Congress would include payments for pain treatment, incentives for prescribing opioids in inpatient and outpatient settings, and documented tracking of opioid use from Medicare claims data.

The bill would specify that no additional funds are authorized to be appropriated to carry out the requirements of the bill, and that the requirements shall be carried out using amounts otherwise authorized.

COMMITTEE ACTION:

This bill was introduced by Representative Tenney on May 9, 2018, and was referred to the House Committee on Energy and Commerce, as well as the House Committee on Ways and Means. The Committee marked up and reported the bill on May 16, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

“Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8 of the United States Constitution”

H.R. 5773 – the Preventing Addiction for Susceptible Seniors (PASS) Act (Rep. Roskam, R-IL)

CONTACT: [Gavin Proffitt](#), 202-226-2076

FLOOR SCHEDULE:

June 19, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY: [H.R. 5773](#) would require Medicare prescription drug plans to establish drug management programs for at-risk beneficiaries, require electronic prior authorization for covered part D drugs, and to provide for other program integrity measures under parts C and D of the Medicare program.

COST: The [Congressional Budget Office](#) estimates that enacting H.R. 5773 would lower federal spending by \$64 million over the 2019-2028 period by reducing the number of prescriptions filled and Medicare's payments for controlled substances. CBO also estimates that requiring health care professionals to submit prior authorizations electronically would not significantly affect direct spending for Part D. Finally, CBO estimates that implementing the secure Internet portal would cost approximately \$9 million over the 2019-2023 period, with such funds being subject to appropriation.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** This legislation would require Medicare prescription drug plans to establish drug management programs for at-risk beneficiaries, require electronic prior authorization for covered Part D drugs, and to provide for other program integrity measures under parts C and D.
- **Encroach into State or Local Authority?** This legislation would require health care professionals to submit prior authorization requests electronically for drugs covered under Medicare Part D.
- **Delegate Any Legislative Authority to the Executive Branch?** This legislation would require the Secretary of HHS to specify a definition for the term 'high volume of opioids' and a method for determining if a provider of services prescribes such a high volume.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5773 would require Medicare Part D prescription drug plans to provide drug management programs for Medicare beneficiaries who are at risk for prescription drug abuse.

This legislation would require health care professionals to submit prior authorization requests electronically, starting on January 1, 2021, for drugs covered under Medicare Part D. Additionally, this legislation would expend medication therapy management programs under Medicare Part D to include beneficiaries who are at risk for prescription drug abuse.

Finally, this legislation would require the Secretary of Health and Human Services to establish a secure Internet portal to allow Health and Human Services, Medicare Advantage plans, and Medicare

Part D plans to exchange information about fraud, waste, and abuse among providers and supplier no later than two years after enactment. H.R. 5773 also would require organizations with Medicare Advantage contracts to submit information on investigations related to providers suspected of prescribing large volumes of opioids through a process established by the Secretary no later than January 2021.

COMMITTEE ACTION:

This bill was introduced by Representative Roskam on May 11, 2018, and was referred to the House Committee on Energy and Commerce, as well as the House Committee on Ways and Means. The Committee marked up and reported the bill on May 16, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

“Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8 of the United States Constitution”

H.R. 5774 – the Combatting Opioid Abuse for Care in Hospitals (COACH) Act (Rep. Curbelo, R-FL)

CONTACT: [Gavin Proffitt](#), 202-226-2076

FLOOR SCHEDULE:

June 19, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY: [H.R. 5774](#) would require the Secretary of Health and Human Services to develop guidance on pain management and opioid use disorder prevention for hospitals receiving payment under part A of the Medicare program, provide for opioid quality measures development, and provide for a technical expert panel on reducing surgical setting opioid use and data collection on perioperative opioid use.

COST: The [Congressional Budget Office](#) has determined that provisions in H.R. 5774 would increase authorization levels, but CBO has not completed estimates of amounts. Any spending that would result from those authorizations would be subject to future appropriation action.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** Would require the Secretary of HHS to convene a technical expert panel to provide recommendations on reducing opioid use in the inpatient and outpatient surgical settings and on best practices for pain management.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** Would require the Secretary of HHS to develop guidance on pain management and opioid use disorder prevention for hospitals receiving payment under part A of the Medicare program and provide for opioid quality measures development.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No

DETAILED SUMMARY AND ANALYSIS:

H.R. 5774 would require the Secretary of Health and Human Services to develop and publish an online guide by January 1, 2019, on pain management strategies and opioid use disorder prevention strategies with respect to individuals entitled to benefits under Medicare Part A. The Secretary would be required to consult with relevant stakeholders including: medical professional organizations, providers and suppliers of services, health care consumers or groups representing such consumers, and other entities determined appropriate by the Secretary.

This legislation would require the Secretary to establish a technical expert panel for the purposes of reviewing quality measures relating to opioids and opioid use disorders, including care, prevention, diagnosis, health outcomes, and treatment furnished to individuals with opioid use disorders. This panel shall, not later than one year after its establishment, provide a report to the Secretary on its findings.

Further, this legislation also would require the Secretary to establish an additional technical expert panel on reducing surgical setting opioid use, and to collect data on perioperative opioid use; and to report on diagnosis-related group codes that have the highest volume of surgeries and the availability of associated data regarding post-operative opioid use, including prescription patterns and rates of consumption. This panel would be required to include medical and surgical specialty societies and hospital organizations.

The bill would require the Secretary to post all guidance published by the HHS on or after January 1, 2016, relating to prescribing opioids applicable to Medicare Part A and B beneficiaries to a public website.

COMMITTEE ACTION:

This bill was introduced on May 11, 2018, by Representative Curbelo and was referred to the House Committee on Energy and Commerce, as well as the House Committee on Ways and Means. The Committee marked up and reported the bill on May 16, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

“Congress has the power to enact this legislation pursuant to the following: Article I, Section 8; and Clauses 3 and 18 of the United States Constitution”

H.R. 5775 – the Providing Reliable Options for Patients and Educational Resources (PROPER) Act (Rep. Paulsen, R-MN)

CONTACT: [Gavin Proffitt](#), 202-226-2076

FLOOR SCHEDULE:

June 19, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY: [H.R. 5775](#) would require Medicare Advantage plans and Part D prescription drug plans to include information on the risks associated with opioids, coverage of certain nonopioid treatments used to treat pain, and on the safe disposal of prescription drugs.

COST: The [Congressional Budget Office](#) estimates that enacting H.R. 5775 would not have a budgetary effect because those activities would not impose significant administrative costs on plans or federal agencies.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** The bill would provide the Secretary of Health and Human Services with certain rulemaking authority with respect to the educational information provided to the individual.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5775 would require prescription drug plans that provide coverage under Medicare Part D to furnish information to beneficiaries about the risks of opioid use and the availability of alternative treatments for pain.

The bill also would require Medicare Advantage plans and prescription drug plans to provide information regarding safe disposal of controlled substances in home health risk assessments and medication therapy management programs.

This legislation also would make changes to pain-related questions on the Hospital Consumer Assessment of Healthcare Providers and Systems survey. Specifically, the survey may not include questions about communication by hospital staff with an individual about such individual's pain unless such questions take into account whether an individual experiencing pain was informed about risks associated with the use of opioids and about non-opioid alternatives for treatment of pain.

COMMITTEE ACTION:

This bill was introduced by Representative Paulsen on May 11, 2018, and was referred to the House Committee on Energy and Commerce, as well as the House Committee on Ways and Means. The Committee marked up and reported the bill on May 16, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

“Congress has the power to enact this legislation pursuant to the following: Clause 1 of Section 8 of Article 1 of the United States Constitution”

H.R. 6110 – Dr. Todd Graham Pain Management, Treatment, and Recovery Act of 2018 (Rep. Walorski, R-IN)

CONTACT: [Gavin Proffitt](#), 202-226-2076

FLOOR SCHEDULE:

June 19, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY: [H.R. 6110](#) would provide a total of \$8 million in mandatory funding for addiction treatment at Federally Qualified Health Centers and Rural Health Clinics under Medicaid; would require the Secretary of Health and Human Services (HHS) to make revisions to reduce payment incentives for opioids instead of non-opioids under the Medicare Outpatient Prospective Payment System; would expand Center for Medicare and Medicaid Innovation (CMMI) models related to the availability of psychologist services; would require a number of reports, and would authorize the suspension of payments by Medicare prescription drug plans and Medicare Advantage Prescription Drug plans pending investigation of credible allegations of fraud by pharmacies.

COST: A Congressional Budget Office (CBO) cost estimate is not available at this time.

Rule 28(a)(1) of the Rules of the Republican Conference prohibit measures from being scheduled for consideration under suspension of the rules without an accompanying cost estimate. Rule 28(b) provides that the cost estimate requirement may be waived by a majority of the Elected Leadership.

The bill would provide a total of \$8 billion in new mandatory spending.

The [Congressional Budget Office](#) estimate for H.R. 5676 showed that the reduction in premiums for benefits due to suspended payments to pharmacies under fraud investigations (identical language that is included in H.R. 6110) would lower federal spending for Part D by \$9 million over the 2019-2028 period.

CONSERVATIVE CONCERNS:

Many conservatives may be concerned by the use of legislative language that is identical to the text of H.R. 5676, a bill that will be considered on the same day, in an attempt to offset the new mandatory spending that is included in H.R. 6110. Many conservatives may consider this an example of double counting offsets in an effort to meet CUTGO requirements only on paper.

Some conservatives may be concerned that the bill would expand the authorities of the [Center for Medicare and Medicaid Innovation \(CMMI\)](#). Some conservatives have expressed concerns that CMMI, which was created by Obamacare, is an example of a program that gave significant authority to unelected bureaucrats. Many conservatives have long argued for fully repealing Obamacare, and some may be concerned this legislation would codify a provision within a program created by Obamacare.

- **Expand the Size and Scope of the Federal Government?** Access under Medicare to addiction treatment Federally Qualified Health Centers and for certain Rural Health Clinics will be expanded. The bill would expand the authorities of CMMI.
- **Encroach into State or Local Authority?** No
- **Delegate Any Legislative Authority to the Executive Branch?** Some conservatives have expressed concerns that CMMI, which was created by Obamacare, is an example of a program that gave significant authority to unelected bureaucrats.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 6110 would require the Secretary of Health and Human Services to conduct a review of payments under the Medicare Outpatient Prospective Payment System for opioids and evidence-based non-opioid alternatives for pain management with a goal of ensuring that there are not financial incentives to use opioids instead of non-opioid alternatives. The Secretary would be required to consider the extent to which revisions such as the creation of additional groups of outpatient department services to classify procedures that utilize opioids and non-opioid alternatives separately would reduce payment incentives for opioids instead of non-opioids. If the Secretary identifies revisions, the bill would require the Secretary to begin making them beginning on January 1, 2020. The Secretary would be required to focus on covered outpatient department services, ambulatory payment classifications that primarily include surgical services, and other services determined by the Secretary which general involve treatment for pain management.

Additionally, H.R. 6110 would expand access under Medicare for addiction treatment at Federally Qualified Health Centers. The payment for these treatments will be subject to available appropriated funds, and the amount will be determined by the Secretary. The bill would provide \$6 million in mandatory funding for this purpose to remain available until expended. Further, access to similar opioid addiction treatment will be expanded to certain Rural Health Clinics. The bill would provide \$2 million in mandatory funding for this purpose to remain available until expended.

The bill would require a study on the availability of supplemental health care benefits designed to treat or prevent substance use disorders under Medicare Advantage plans.

Obamacare created the [Center for Medicare and Medicaid Innovation \(CMMI\)](#) “to test models that improve care, lower costs, and better align payment systems to support patient-centered practices.” The bill would add models (1) to support ways to familiarize Part B beneficiaries with coverage of psychologist services and (2) exploring ways to avoid unnecessary hospitalizations or emergency department visits for mental and behavioral health services through the use of a help line to inform individuals of the availability of psychologist services. Some conservatives have expressed concerns that CMMI, which was created by Obamacare, is an example of a program that gave significant authority to unelected bureaucrats. Many conservatives have long argued for fully repealing Obamacare, and some may be concerned this legislation would codify a provision within a program created by Obamacare.

The bill would require a GAO report on mental and behavioral health services under Medicare.

H.R. 6110 would also require the Secretary to conduct a study analyzing best practices as well as payment and coverage in pain management services under Medicare. The report shall contain

options for revising payment to providers and suppliers of services and coverage related to the use of evidence-based, non-opioid treatments for acute and chronic pain.

Finally, H.R. 6110 provides for the suspension of payments pending investigation of credible allegations of fraud by pharmacies. This legislation clarifies that a fraud hotline tip (as defined by the Secretary) without further evidence shall not be treated as sufficient evidence for a credible allegation of fraud. This provision includes identical legislative language to [H.R. 5676](#), SENIOR Communities Protection Act of 2018, which is also expected to be considered on June 19, 2018.

COMMITTEE ACTION:

The bill was introduced on June 14, 2018, and was referred to the House Committee on Energy and Commerce, as well as the House Committee on Ways and Means. The committees took no further action on the bill.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

“Congress has the power to enact this legislation pursuant to the following: Article I, Section 8, Clause 18 of the United States constitution”

H.R. 3192 – the CHIP Mental Health Parity Act (Rep. Kennedy, D-MA)

CONTACT: [Gavin Proffitt](#), 202-226-2076

FLOOR SCHEDULE:

June 19, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY: [H.R. 3192](#) would require comprehensive mental health and substance use disorder services as a mandatory benefit under the CHIP program for pregnant women and children.

COST: The [Congressional Budget Office](#) estimates that enacting the bill would have no budgetary effect because all CHIP enrollees are already in plans that meet those requirements.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** This legislation codifies CHIP benefits all States currently offer.
- **Encroach into State or Local Authority?** This legislation would prohibit States from imposing financial or utilization limits on mental health treatment that are lower than limits places on physical health treatment.
- **Delegate Any Legislative Authority to the Executive Branch?** No
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No

DETAILED SUMMARY AND ANALYSIS:

H.R. 3192 would require comprehensive mental health and substance use disorder services as a mandatory benefit under the CHIP program for pregnant women and children.

Specifically, this legislation would amend the CHIP program to include coverage of mental health services necessary to prevent, diagnose, and treat a broad range of mental health symptoms and disorders, including substance use disorders. This legislation would prohibit States from imposing financial or utilization limits on mental health treatment that are lower than limits places on physical health treatment.

COMMITTEE ACTION:

This bill was introduced by Representative Kennedy on July 12, 2017, and was referred to the House Committee on Energy and Commerce. The Committee marked up and reported the bill on June 12, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

“Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8: to provide for the general welfare and to regulate commerce among the states.”

H.R. 4005 – the Medicaid Reentry Act (Rep. Tonko, D-NY)

CONTACT: [Gavin Proffitt](#), 202-226-2076

FLOOR SCHEDULE:

June 19, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY: [H.R. 4005](#) would direct the Secretary of Health and Human Services to convene a stakeholder group that will produce a report of best practice for states to consider in health care related transitions for inmates of public institutions and would require the Secretary to issue guidance for demonstration projects to inmates to receive medical assistance under Medicaid during the 30-day period preceding release.

COST: The [Congressional Budget Office](#) estimates that implementing H.R. 4005 would cost less than \$500,000 over the 2018-2023 period.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would require the convening of a stakeholder group and would require the Secretary to issue guidance for demonstration projects to inmates to receive medical assistance under Medicaid during the 30-day period preceding release.
- **Encroach into State or Local Authority?** Some conservatives may believe that best practices for states to ease the health care transition for inmates would be more appropriately handled by state governments.
- **Delegate Any Legislative Authority to the Executive Branch?** The bill would require the Secretary to issue guidance for demonstration projects to inmates to receive medical assistance under Medicaid during the 30-day period preceding release.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

[H.R. 4005](#) would direct the Secretary of Health and Human Services to convene a stakeholder group that will produce a report of best practice for states to consider in health care related transitions for inmates of public institutions.

H.R. 4005 would require the Secretary to issue guidance for demonstration projects to inmates to receive medical assistance under Medicaid during the 30-day period preceding release from a public institution.

COMMITTEE ACTION:

This bill was introduced by Representative Tonko on October 10, 2017, and was referred to the House Committee on Energy and Commerce. The Committee marked up and reported the bill on May 17, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

“Congress has the power to enact this legislation pursuant to the following: Clause 1 of Section 8 of Article 1 of the United States Constitution: the power to ‘provide for the common Defense and general Welfare of the United States.’”

H.R. 5590 – the Opioid Addiction Action Plan Act (Rep. Kinzinger, R-IL)

CONTACT: [Gavin Proffitt](#), 202-226-2076

FLOOR SCHEDULE:

June 19, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY: [H.R. 5590](#) would require the Secretary of HHS to develop an action plan by January 1, 2019, for increasing access to medication-assisted treatment among Medicare and Medicaid enrollees. The bill also would require HHS to convene a stakeholder meeting and issue a request for information within three months of enactment, and to submit a report to the Congress by June 1, 2019.

COST: The [Congressional Budget Office](#) estimates that implementing H.R. 5590 would cost approximately \$2 million over the 2019-2023 period.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would require the Secretary to develop an action plan and convene a stakeholder meeting.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

[H.R. 5590](#) would require the Secretary of HHS to develop an action plan by January 1, 2019, for increasing access to medication-assisted treatment among Medicare and Medicaid enrollees.

The Secretary of HHS, in collaboration with the Pain Management Best Practices Inter-Agency Task Force, would be required to develop an action plan that provides recommendations on changes to the Medicare and Medicaid program for all medication-assisted treatment of opioid addiction and other therapies that manage chronic and acute pain, as well as recommendations to minimize the risk of opioid addiction. Additionally, this action plan would be required to enhance the coverage and reimbursement of medication-assisted treatment for opioid addiction.

Finally, this legislation would require the Centers for Medicare and Medicaid Services to convene a stakeholders group to receive public comment on the action plan.

COMMITTEE ACTION:

This bill was introduced on April 24, 2018, and was referred to the House Committee on Energy and Commerce, as well as the House Committee on Ways and Means. The Energy and Commerce Committee marked up and reported the bill on June 12, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

“Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8 of the United States Constitution.”

H.R. 5605 – the Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act (Rep. Ruiz, D-CA)

CONTACT: [Gavin Proffitt](#), 202-226-2076

FLOOR SCHEDULE:

June 19, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY: [H.R. 5605](#) would establish a five-year demonstration program to increase access to treatment for opioid use disorder under Medicare. The bill would also require prescriptions for controlled substances on Schedule II, III, IV, and V under Medicare Part D to be transmitted by a practitioner electronically beginning in 2021.

COST: The [Congressional Budget Office](#) estimates that increased use of treatment services and the demonstration's incentive payments would increase direct spending by \$122 million over the 2019-2028 period.

CONSERVATIVE CONCERNS:

Many conservatives may be concerned the bill would increase mandatory spending by \$122 million without offsets.

- **Expand the Size and Scope of the Federal Government?** This legislation would establish a new demonstration program.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** This legislation would provide the Secretary with authority to determine quality standards, and flexibility on how to design the program.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5605 would establish a four-year demonstration program to increase access to treatment for opioid use disorder.

The purpose of this program would be to increase access of applicable beneficiaries to opioid use disorder treatment services; improve physical and mental health outcomes for such beneficiaries; and to reduce Medicare expenditures. The demonstration would provide incentive payments and funding for care management services based on criteria such as patient engagement, use of evidence-based treatments, and treatment length and intensity.

Under the bill, the Secretary of HHS would be directed to encourage other payers to coordinate payments for opioid use disorder treatments and to evaluate the extent to which the demonstration reduces hospitalizations, increases the use of medication-assisted treatments, and improves the health outcomes of individuals with opioid use disorders during and after the demonstration.

The Comptroller General of the United States would be required to submit a report to the Secretary and Congress regarding an evaluation of this program.

The bill would provide for the transfer from the Federal Supplementary Medical Insurance Trust Fund of \$5 million to the Centers for Medicare & Medicaid Services Program Management Account for administrative expenses. The bill would also provide for the transfer from the Federal Supplementary Medical Insurance Trust Fund of \$10 million each fiscal year over the FY 2021 – 2024 period for making payments under the program.

The bill would allow the Secretary to waive any provision of the title to carry out the program.

The bill would require prescriptions for controlled substances on Schedule II, III, IV, and V under Medicare Part D to be transmitted by a practitioner electronically beginning in 2021. The bill would allow this provision to be waived under certain circumstances.

COMMITTEE ACTION:

This bill was introduced by Representative Ruiz on April 24, 2018, and was referred to the House Committee on Energy and Commerce, as well as the Committee on Ways and Means. The Committee marked up and reported the bill on June 12, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

“Congress has the power to enact this legislation pursuant to the following: Article 1, section 8, Clauses 1 and 18 of the United States Constitution, to provide for the general welfare and make all laws necessary and proper to carry out the powers of Congress”

H.R. 5687 – the Securing Opioids and Unused Narcotics with Deliberate Disposal and Packaging Act of 2018” or the “SOUND Disposal and Packaging Act (Rep. Hudson, R-NC)

CONTACT: [Gavin Proffitt](#), 202-226-2076

FLOOR SCHEDULE:

June 19, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY: [H.R. 5687](#) would permit the FDA to require certain packaging and disposal technologies, controls, or measures to mitigate the risk of abuse and misuse of drugs. This bill would also require that the GAO study the effectiveness and use of packaging technologies for controlled substances.

COST: The [Congressional Budget Office](#) estimates that implementing H.R. 5687 would cost less than \$500,000 over the 2018-2023 period, subject to the availability of appropriated funds.

CONSERVATIVE CONCERNS:

Some conservatives may believe that decisions related to packaging of products would be most appropriately regulated by market forces, rather than mandates from unelected federal officials.

According to CBO, the bill would impose a private sector mandate as defined by the Unfunded Mandates Reform Act (UMRA).

- **Expand the Size and Scope of the Federal Government?** No.
- **Encroach into State or Local Authority?** Many conservatives may believe that the federal government’s power to regulate interstate commerce should be narrowly tailored.
- **Delegate Any Legislative Authority to the Executive Branch?** The bill would provide the Secretary of HHS new regulatory authority related to the packaging of drugs.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5687 would authorize the Secretary, after consultation with relevant stakeholders, to issue an order requiring the holder of a covered application to implement or modify one or more technologies, controls, or measures with respect to the packaging or disposal of one or more drugs identified in the covered application. This would be implemented if the Secretary determines such technologies, controls, or measures to be appropriate to help mitigate the risk of abuse or misuse of such drug or drugs, including by reducing the availability of unused drugs. In addition, this bill will facilitate utilization of packaging that may reduce overprescribing, diversion, or abuse of opioids.

Finally, the bill would require the Government Accountability Office (GAO) to study new and innovative technologies that claim to be able to dispose of opioids safely and other unused medications. GAO would review and detail the effectiveness of these disposal methods.

COMMITTEE ACTION:

This bill was introduced on May 7, 2018, and was referred to the House Committee on Energy and Commerce. The Committee marked up and reported the bill on May 9, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

“Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8 of the United States Constitution.”

H.R. 5796 – the Responsible Education Achieves Care and Healthy outcomes for Users’ Treatment REACH OUT Act of 2018 (Rep. Fitzpatrick, R-PA)

CONTACT: [Gavin Proffitt](#), 202-226-2076

FLOOR SCHEDULE:

June 19, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY: [H.R. 5796](#) would allow the Secretary of Health and Human Services to award grants to certain organizations that provide technical assistance and education to high-volume prescribers of opioids.

COST: The [Congressional Budget Office](#) estimates that implementing H.R. 5796 would cost \$100 million in mandatory spending over the 2019-2028 period.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would establish a new grant program.
- **Encroach into State or Local Authority?** Some conservatives may believe these activities would more appropriately be carried out by state and local governments, or by civil society.
- **Delegate Any Legislative Authority to the Executive Branch?** The bill would provide the Secretary with flexibility on the contents and requirements of grant applications.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5796 would allow the Secretary of Health and Human Services to award grants to certain organizations that provide technical assistance and education to high-volume prescribers of opioids.

The purpose of the grants would be to educate and provide outreach to prescribers of opioids about best practices for prescribing opioids; to educate about non-opioid pain management therapies; and to reduce the amount of opioid prescriptions prescribed by prescribers of opioids. In order to be considered for a grant, the eligible entity shall submit an application to the Secretary containing the information that the Secretary shall require as determined by the Secretary.

The bill would provide for the transfer of \$75 million from the Federal Supplementary Medical Insurance Trust Fund to the Centers for Medicare & Medicaid Services Program Management Account to implement the grant.

The bill would also make modifications to the federal share for Medicaid managed care between FY 2026 – 2028.

COMMITTEE ACTION:

The bill was introduced on May 165, 2018, and was referred to the House Committee on Energy and Commerce, as well as the Committee on Ways and Means. The Committee marked up and reported the bill on May 17, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

“Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8, Clause I of the United States Constitution.”

H.R. 5801 – Medicaid Providers Are Required To Note Experiences in Record Systems to Help In-need Patients PARTNERSHIP Act (Rep. Griffith, R-VA)

CONTACT: [Gavin Proffitt](#), 202-226-2076

FLOOR SCHEDULE:

June 19, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY: [H.R. 5801](#) would require providers who are permitted to prescribe controlled substances and who participate in Medicaid to query prescription drug monitoring programs (PDMPs) before prescribing controlled substances to Medicaid patients.

COST: The [Congressional Budget Office](#) estimates that “the net budgetary effect of enacting H.R. 5801 would be insignificant. Costs for states to come into compliance with the systems and administrative requirements would be roughly offset by savings from small reductions in the number of controlled substances paid for by Medicaid under the proposal. If enacted, H.R. 5801 also would affect spending subject to appropriation; CBO has not completed an estimate of that amount.”

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would provide additional federal matching funds to certain states for complying with new PDMP data and system criteria.
- **Encroach into State or Local Authority?** The bill would require the States to require covered providers to check the prescription drug history of a covered individual before prescribing a controlled substance.
- **Delegate Any Legislative Authority to the Executive Branch?** The bill would give regulatory authority to the Secretary regarding clarification of privacy requirements.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5801 would require providers who are permitted to prescribe controlled substances and who participate in Medicaid to query prescription drug monitoring programs (PDMPs) before prescribing controlled substances to Medicaid patients beginning October 1, 2021.

This legislation would also require each State to include in the annual report submitted to the Secretary, beginning in 2023, a percentage of covered providers who check the prescription drug history of a covered individual through a qualified prescription drug monitoring program before prescribing a controlled substance, as well as the types of controlled substances prescribed. Additionally, CMS would be required to publish a report including guidance for States on how States can increase the percentage of covered providers who use qualified prescription drug monitoring programs; and best practices for how States and covered providers should use such qualified prescription drug monitoring programs to reduce the occurrence of abuse of controlled substances.

This legislation would increase the Federal medical assistance percentage, or Federal matching rate, for expenditures by the State for administrative costs to implement a prescription drug management program during the period beginning October 1, 2018, and ending September 30, 2021, if the state has in place agreements with all contiguous states allowing providers in contiguous states to access the program. The increase in the Federal medical assistance percentage, or Federal matching rate would be prohibited from resulting in exceeding a 100 percent rate. However, the increase that may be provided is not specified by the legislation.

The bill would require CMS to issue guidance on best practices on the use of prescription drug monitoring programs and on privacy of Medicaid beneficiary information.

COMMITTEE ACTION:

The bill was introduced on May 15, 2018, and was referred to the House Committee on Energy and Commerce. The Committee marked up and reported the bill on June 12, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

“Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8 of the United States Constitution.”

H.R. 5811 – the Long-Term Opioid Efficacy Act of 2018 (Rep. McNerney, D-CA)

CONTACT: [Gavin Proffitt](#), 202-226-2076

FLOOR SCHEDULE:

June 19, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY: [H.R. 5811](#) would allow the FDA to require that pharmaceutical manufacturers study certain drugs after they are approved to assess any potential reduction in those drugs' effectiveness for the conditions of use prescribed, recommended, or suggested in labeling.

COST: The [Congressional Budget Office](#) anticipates that implementing H.R. 5811 would not significantly affect the FDA's costs over the 2019-2023 period.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would allow the FDA to require that pharmaceutical manufacturers study certain drugs after they are approved to assess any potential reduction in those drugs' effectiveness for the conditions of use prescribed, recommended, or suggested in labeling.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5811 would allow the FDA to require that pharmaceutical manufacturers study certain drugs after they are approved to assess any potential reduction in those drugs' effectiveness for the conditions of use prescribed, recommended, or suggested in labeling.

The Secretary would only be able to require a post-approval study, studies, or clinical trial if the Secretary becomes aware of new safety information; and if the Secretary determines that new effectiveness information exists. New effectiveness information is defined as: new information about the effectiveness of the drug, including a new analysis of existing information derived in a clinical trial; an adverse event report; peer-reviewed biomedical literature; and data derived from the postmarket risk identification system. The study wouldn't be considered a new clinical investigation for purposes of providing exclusivity for a drug.

COMMITTEE ACTION:

The bill was introduced on May 15, 2018, and was referred to the House Committee on Energy and Commerce. The Committee marked up and reported the bill on May 17, 2018, by voice vote.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

“Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8 of the United States Constitution.”

H.R. 6042 – To amend title XIX of the Social Security Act to delay the reduction in Federal medical assistance percentage for Medicaid personal care services furnished without an electronic visit verification system, and for other purposes. (Rep. Guthrie, R-KY)

CONTACT: [Gavin Proffitt](#), 202-226-2076

FLOOR SCHEDULE:

June 19, 2018 under a suspension of the rules, which requires a 2/3 majority for passage.

TOPLINE SUMMARY: [H.R. 6042](#) would delay the reduction in Federal matching assistance percentage for Medicaid personal care services furnished without electronic visit verification systems.

COST: A Congressional Budget Office (CBO) cost estimate is not available at this time.

Rule 28(a)(1) of the Rules of the Republican Conference prohibit measures from being scheduled for consideration under suspension of the rules without an accompanying cost estimate. Rule 28(b) provides that the cost estimate requirement may be waived by a majority of the Elected Leadership.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would delay the reduction in Federal matching assistance percentage for Medicaid personal care services furnished without electronic visit verification systems.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 6042 would delay the reduction in Federal matching assistance percentage for Medicaid personal care services furnished without electronic visit verification systems.

This legislation would delay the delay the reduction start date from January 1, 2019, to January 1, 2020.

The bill would also express a sense of Congress regarding stakeholder input on electronic visit verification systems.

COMMITTEE ACTION:

The bill was introduced on June 7, 2018, and was referred to the House Committee on Energy and Commerce. The Committee took no further action on the bill.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

“Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8 of the United States Constitution.”

H.R. 4991 — Supporting Research and Development for First Responders Act, as amended (Rep. Donovan, R-NY)

CONTACT: [Nicholas Rodman](#), 202-226-8576

FLOOR SCHEDULE:

Scheduled for consideration on June 19, 2018, under suspension of the rules, which requires a 2/3 vote for passage.

TOPLINE SUMMARY:

[H.R. 4991](#) would designate the previously named Environmental Measurements Laboratory as the National Urban Security Technology Laboratory and transfer it to the Department of Homeland Security.

COST:

No Congressional Budget Office (CBO) estimate is available.

Rule 28(a)(1) of the Rules of the Republican Conference prohibit measures from being scheduled for consideration under suspension of the rules without an accompanying cost estimate. Rule 28(b) provides that the cost estimate requirement may be waived by a majority of the Elected Leadership.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would designate the previously named Environmental Measurements Laboratory as the National Urban Security Technology Laboratory and transfer it to the Department of Homeland Security.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 4991 would direct the Secretary of Homeland Security, acting through the Under Secretary for Science and Technology to establish a National Urban Security Technology Laboratory to test and evaluate emerging technologies and conduct research and development to assist emergency response providers in preparing for, and protecting against, threats of terrorism. The bill would designate the previously named [Environmental Measurements Laboratory](#) as the National Urban Security Technology Laboratory and transfer it to the Department of Homeland Security. The Laboratory would conduct tests, evaluations, and assessments of current and emerging technologies, including cybersecurity of such technologies that can connect to the internet, for emergency response providers; conduct research and development on radiological and nuclear response and recovery; and act as a technical advisor to emergency response providers.

COMMITTEE ACTION:

H.R. 4991 was introduced on February 8, 2018, and referred to the House Committee on Homeland Security. On [June 14, 2018](#), the bill was reported by the committee by unanimous consent.

ADMINISTRATION POSITION:

No Statement of Administration Policy is available at this time.

CONSTITUTIONAL AUTHORITY:

According to the bill's sponsor: "Congress has the power to enact this legislation pursuant to the following: Article I, Section 8, Clause 18: To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof."

H.R. 5762 — Joint Task Force to Combat Opioid Trafficking Act of 2018, as amended (Rep. Langevin, D-RI)

CONTACT: [Nicholas Rodman](#), 202-226-8576

FLOOR SCHEDULE:

Scheduled for consideration on June 19, 2018, under suspension of the rules, which requires a 2/3 vote for passage.

TOPLINE SUMMARY:

[H.R. 5762](#) would authorize a Department of Homeland Security Joint Task Force to combat to enhance integration of the Department of Homeland Security's border security operations to detect, interdict, disrupt, and prevent narcotics, such as fentanyl and other synthetic opioids, from entering the United States.

COST:

No Congressional Budget Office (CBO) estimate is available.

Rule 28(a)(1) of the Rules of the Republican Conference prohibit measures from being scheduled for consideration under suspension of the rules without an accompanying cost estimate. Rule 28(b) provides that the cost estimate requirement may be waived by a majority of the Elected Leadership.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would authorize the establishment of a Joint Task Force within the Department of Homeland Security to enhance the integration of the Department's border security operations to detect, interdict, disrupt, and prevent narcotics, such as fentanyl and other synthetic opioids, from entering the United States.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 5762 would authorize the establishment of a Joint Task Force within the Department of Homeland Security to enhance the integration of the Department's border security operations to detect, interdict, disrupt, and prevent narcotics, such as fentanyl and other synthetic opioids, from entering the United States.

The Secretary may enter into a memorandum of understanding with any other Federal, State, local, tribal, territorial, or international entity or task force established for a similar purpose. The bill would direct the Secretary of Homeland Security to make a determination regarding whether to establish a Joint Task Force and report to Congress on such determination. If the task force is established, the Department would be required to report to Congress to include a gap analysis of funding, personnel, technology, or other resources needed in order to detect, interdict, disrupt, and prevent narcotics, such as fentanyl and other synthetic opioids, from entering the United States; and a description of collaboration between the Joint Task Force and any other Federal, State, local, tribal,

territorial, or international task force, including the United States Postal Service and the United States Postal Inspection Service.

COMMITTEE ACTION:

H.R. 5762 was introduced on May 10, 2018, and was referred to the House Committee on Homeland Security. On [June 14, 2018](#), the bill was ordered to be reported (amended) by the committee by unanimous consent.

ADMINISTRATION POSITION:

A Statement of Administration Policy is not available.

CONSTITUTIONAL AUTHORITY:

According to the sponsor: "Congress has the power to enact this legislation pursuant to the following: Article I, Section VII, Clause 3."

H.R. 4627 — Shielding Public Spaces from Vehicular Terrorism Act, as amended (Rep. Donovan, R-NY)

CONTACT: [Nicholas Rodman](#), 202-226-8576

FLOOR SCHEDULE:

Scheduled for consideration on June 19, 2018, under suspension of the rules, which requires a 2/3 vote for passage.

TOPLINE SUMMARY:

[H.R. 4627](#) would amend the authority of Under Secretary of Homeland Security for Science and Technology to include research and development to combat emerging terrorist threats, such as vehicular attacks.

COST:

No Congressional Budget Office (CBO) estimate is available.

Rule 28(a)(1) of the Rules of the Republican Conference prohibit measures from being scheduled for consideration under suspension of the rules without an accompanying cost estimate. Rule 28(b) provides that the cost estimate requirement may be waived by a majority of the Elected Leadership.

CONSERVATIVE CONCERNS:

- **Expand the Size and Scope of the Federal Government?** The bill would amend the authority of Under Secretary of Homeland Security for Science and Technology to include research and development to combat emerging terrorist threats, such as vehicular attacks.
- **Encroach into State or Local Authority?** No.
- **Delegate Any Legislative Authority to the Executive Branch?** No.
- **Contain Earmarks/Limited Tax Benefits/Limited Tariff Benefits?** No.

DETAILED SUMMARY AND ANALYSIS:

H.R. 4627 would amend [section 302 of the Homeland Security Act of 2002](#) (6 U.S.C. 182) to amend the authority of Under Secretary of Homeland Security for Science and Technology to include research and development to combat emerging terrorist threats, such as vehicular attacks.

The bill would amend the State Homeland Security Grant Program and Urban Area Security Initiative to address security vulnerabilities of public spaces, including through the installation of bollards and other target hardening activities. A grant awarded under the programs would not be used for the provision to any person of a firearm or training in the use of a firearm. Nothing in the bill would be construed to preclude or contradict any other provision of law authorizing the provision of firearms or training in the use of firearms. The bill would require a report to Congress on emerging automotive technologies that support driverless vehicles and the threat such vehicles may pose to people in public spaces. The report would also address risks associated with cyber terrorism and computer-dependent automotive vehicles.

The House report (H. Rept. 115-757) accompanying H.R. 4627 can be found [here](#).

COMMITTEE ACTION:

H.R. 4627 was introduced on December 12, 2017, and was referred to the House Committee on Homeland Security. On [June 14, 2018](#), the bill was ordered to be reported (amended) by the committee by unanimous consent.

ADMINISTRATION POSITION:

A Statement of Administration Policy is not available.

CONSTITUTIONAL AUTHORITY:

According to the sponsor: "Congress has the power to enact this legislation pursuant to the following: Article 1, Section 8, Clause 18. To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof."

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