

# HR 6

# SUPPORT FOR PATIENTS AND COMMUNITIES ACT



**H.R. 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act**, includes several Medicaid, Medicare, and public health reforms to help combat the opioid crisis. The policies contained in H.R. 6 were advanced through regular order by the House Energy and Commerce and Ways and Means Committees.

This fully offset, bipartisan bill will help in our overall efforts to advance treatment and recovery initiatives, improve prevention, protect our communities, and bolster our efforts to fight deadly illicit synthetic drugs like fentanyl.

In addition to the provisions below, H.R. 6 will serve as the underlying vehicle for the majority of House-passed bills to combat the opioid crisis to move over to the Senate. Below is an overview of the provisions as introduced.

## **MEDICAID**

- Require state Medicaid programs to not terminate a juvenile's medical assistance eligibility because the juvenile is incarcerated. A state may suspend coverage while the juvenile is an inmate, but must restore coverage upon release without requiring a new application unless the individual no longer meets the eligibility requirements for medical assistance (H.R. 1925)
- Enable former foster youth who are in care by their 18th birthday and previously enrolled in Medicaid to receive health care until the age of 26 if they move out of state (H.R. 4998)
- Require the Centers for Medicare and Medicaid Services (CMS) to carry out a demonstration project to provide an enhanced federal matching rate for state Medicaid expenditures related to the expansion of substance-use treatment and recovery services targeting provider capacity (H.R. 5477)
- Require all state Medicaid programs to have a beneficiary assignment program that identifies Medicaid beneficiaries at-risk for substance use disorder (SUD) and assigns them to a pharmaceutical home program, which must set reasonable limits on the number of prescribers and dispensers that beneficiaries may utilize (H.R. 5808)
- Require state Medicaid programs to have safety edits in place for opioid refills, monitor concurrent prescribing of opioids and certain other drugs, and monitor antipsychotic prescribing for children (H.R. 5799)
- Require CMS to issue guidance on Neonatal Abstinence Syndrome (NAS) treatment options under Medicaid and require a study by the nonpartisan Government Accountability Office (GAO) on coverage gaps for pregnant women with SUD (H.R. 5789)
- Provide additional incentives for Medicaid health homes for patients with substance use disorder (H.R. 5810)

## **MEDICARE**

- Instruct CMS to evaluate the utilization of telehealth services in treating SUD (H.R. 5603)
- Create a pass-through payment extension under Medicare to encourage the development of non-opioid drugs (H.R. 5809)

- Add a review of current opioid prescriptions and, as appropriate, a screening for opioid use disorder (OUD) as part of the Welcome to Medicare initial examination (H.R. 5798)
- Incentivize post-surgical injections as a pain treatment alternative to opioids by reversing a reimbursement cut for these treatments in the Ambulatory Service Center setting, as well as collect data on a subset of codes related to these treatments (H.R. 5804)
- Require e-prescribing, with exceptions, for coverage of prescription drugs that are controlled substances under the Medicare Part D program (H.R. 3528)
- Require prescription drug plan sponsors under the Medicare program establish drug management programs for at-risk beneficiaries (H.R. 5675)
- Provide access to Medication-Assisted Treatment (MAT) in Medicare through bundled payments made to Opioid Treatment Programs for holistic service (Section 2 of H.R. 5776)

## ***PUBLIC HEALTH***

- Direct the Food and Drug Administration (FDA) to issue or update guidance on ways existing pathways can be used to bring novel non-addictive treatments for pain and addiction to patients. Several approaches have proven successful in speeding the availability of treatments for serious conditions through the FDA (H.R. 5806)
- Authorize grants to state and local agencies for the establishment or operation of public health laboratories to detect fentanyl, its analogues, and other synthetic opioids (H.R. 5580)
- Enable clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists to prescribe buprenorphine; and make the buprenorphine prescribing authority for physician assistants and nurse practitioners permanent. In addition, H.R. 6 will permit a waived-practitioner to immediately start treating 100 patients at a time with buprenorphine (skipping the initial 30 patient cap) if the practitioner has board certification in addiction medicine or addiction psychiatry; or if practitioner provides MAT in a qualified practice setting. Medications, such as buprenorphine, in combination with counseling and behavioral therapies, provide a whole-patient approach to the treatment of opioid use disorder (H.R. 3692)

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