Calendar No. 484

115TH CONGRESS
2D SESSION

S. 3120

[Report No. 115–284]

To amend titles XVIII and XIX of the Social Security Act to help end addictions and lessen substance abuse disorders, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 25, 2018

Mr. HATCH, from the Committee on Finance, reported the following original bill; which was read twice and placed on the calendar

---

A BILL

To amend titles XVIII and XIX of the Social Security Act to help end addictions and lessen substance abuse disorders, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 "Helping to End Addiction and Lessen Substance Use
6 Disorders Act of 2018" or the "HEAL Act of 2018".

1 (b) TABLE OF CONTENTS.—The table of contents for
2 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—MEDICARE

Sec. 101. Medicare opioid safety education.
Sec. 102. Expanding the use of telehealth services for the treatment of opioid use disorder and other substance use disorders.
Sec. 103. Comprehensive screenings for seniors.
Sec. 104. Every prescription conveyed securely.
Sec. 105. Standardizing electronic prior authorization for safe prescribing.
Sec. 106. Strengthening partnerships to prevent opioid abuse.
Sec. 107. Commit to opioid medical prescriber accountability and safety for seniors.
Sec. 108. Fighting the opioid epidemic with sunshine.
Sec. 109. Demonstration testing coverage of certain services furnished by opioid treatment programs.
Sec. 110. Encouraging appropriate prescribing under Medicare for victims of opioid overdose.
Sec. 111. Automatic escalation to external review under a Medicare part D drug management program for at-risk beneficiaries.
Sec. 112. Medicare Improvement Fund.

TITLE II—MEDICAID

Sec. 201. Caring recovery for infants and babies.
Sec. 202. Peer support enhancement and evaluation review.
Sec. 203. Medicaid substance use disorder treatment via telehealth.
Sec. 204. Enhancing patient access to non-opioid treatment options.
Sec. 205. Assessing barriers to opioid use disorder treatment.
Sec. 206. Help for moms and babies.
Sec. 207. Securing flexibility to treat substance use disorders.
Sec. 208. MACPAC study and report on MAT utilization controls under State Medicaid programs.
Sec. 209. Opioid addiction treatment programs enhancement.
Sec. 210. Better data sharing to combat the opioid crisis.
Sec. 211. Mandatory reporting with respect to adult behavioral health measures.
Sec. 212. Report on innovative State initiatives and strategies to provide housing-related services and supports to individuals struggling with substance use disorders under Medicaid.
Sec. 213. Technical assistance and support for innovative State strategies to provide housing-related supports under Medicaid.

TITLE III—HUMAN SERVICES

Sec. 301. Supporting family-focused residential treatment.
Sec. 302. Improving recovery and reunifying families.
Sec. 303. Building capacity for family-focused residential treatment.

1 # TITLE I—MEDICARE

2 **SEC. 101. MEDICARE OPIOID SAFETY EDUCATION.**

3 (a) IN GENERAL.—Section 1804 of the Social Secu-
4 rity Act (42 U.S.C. 1395b–2) is amended by adding at
5 the end the following new subsection:

6 ''(d) The notice provided under subsection (a) shall
7 include—

8 ''(1) references to educational resources regard-
9 ing opioid use and pain management;

10 ''(2) a description of categories of alternative,
11 non-opioid pain management treatments covered
12 under this title; and

13 ''(3) a suggestion for the beneficiary to talk to
14 a physician regarding opioid use and pain manage-
15 ment.''.

16 (b) EFFECTIVE DATE.—The amendment made by
17 subsection (a) shall apply to notices distributed prior to
18 each Medicare open enrollment period beginning after
19 January 1, 2019.

20 **SEC. 102. EXPANDING THE USE OF TELEHEALTH SERVICES**
21 **FOR THE TREATMENT OF OPIOID USE DIS-**
22 **ORDER AND OTHER SUBSTANCE USE DIS-**
23 **ORDERS.**

24 Section 1834(m) of the Social Security Act (42
25 U.S.C. 1395m(m)) is amended—

1 (1) in paragraph (2)(B)—
2 (A) in clause (i), in the matter preceding
3 subclause (I), by striking "clause (ii)" and in-
4 serting "clause (ii) and paragraph (6)(C)"; and
5 (B) in clause (ii), in the heading, by strik-
6 ing "FOR HOME DIALYSIS THERAPY";
7 (2) in paragraph (4)(C)—
8 (A) in clause (i), by striking "paragraph
9 (6)" and inserting "paragraphs (5), (6), and
10 (7)"; and
11 (B) in clause (ii)(X), by inserting "or tele-
12 health services described in paragraph (7)(A)"
13 before the period at the end; and
14 (3) by adding at the end the following new
15 paragraph:
16 "(7) TREATMENT OF SUBSTANCE USE DIS-
17 ORDER SERVICES FURNISHED THROUGH TELE-
18 HEALTH.—
19 "(A) NON-APPLICATION OF ORIGINATING
20 SITE GEOGRAPHIC REQUIREMENTS.—The geo-
21 graphic requirements described in paragraph
22 (4)(C)(i) shall not apply with respect to tele-
23 health services furnished on or after January 1,
24 2019, to an eligible telehealth individual with a
25 substance use disorder diagnosis for purposes of

1 treatment of such disorder, as determined by
2 the Secretary, at an originating site described
3 in paragraph (4)(C)(ii) (other than an origi-
4 nating site described in subclause (IX) of such
5 paragraph).

6 "(B) IMPLEMENTATION.—The Secretary
7 may implement the provisions of this paragraph
8 by interim final rule.

9 "(C) REPORT.—Not later than 5 years
10 after the date of the enactment of this para-
11 graph, the Secretary shall submit to Congress a
12 report on the impact of this paragraph with re-
13 spect to telehealth services on—

14 "(i) the utilization of health care
15 items and services related to substance use
16 disorders, including emergency department
17 visits; and

18 "(ii) health outcomes related to sub-
19 stance use disorders, such as opioid over-
20 dose deaths.".

21 **SEC. 103. COMPREHENSIVE SCREENINGS FOR SENIORS.**

22 (a) INITIAL PREVENTIVE PHYSICAL EXAMINA-
23 TION.—Section 1861(ww) of the Social Security Act (42
24 U.S.C. 1395x(ww)) is amended—

25 (1) in paragraph (1)—

1 (A) by striking "paragraph (2) and" and
2 inserting "paragraph (2),"; and
3 (B) by inserting "and the furnishing of a
4 review of any current opioid prescriptions (as
5 defined in paragraph (4))," after "upon the
6 agreement with the individual,"; and
7 (2) in paragraph (2)—
8 (A) by redesignating subparagraph (N) as
9 subparagraph (O); and
10 (B) by inserting after subparagraph (M)
11 the following new subparagraph:
12 "(N) Screening for potential substance use
13 disorders."; and
14 (3) by adding at the end the following new
15 paragraph:
16 "(4) For purposes of paragraph (1), the term 'a re-
17 view of any current opioid prescriptions' means, with re-
18 spect to an individual determined to have a current pre-
19 scription for opioids—
20 "(A) a review of the potential risk factors to the
21 individual for opioid use disorder;
22 "(B) an evaluation of the individual's severity
23 of pain and current treatment plan;
24 "(C) the provision of information on non-opioid
25 treatment options; and

1 "(D) a referral to a pain management spe-
2 cialist, as appropriate.".
3 (b) ANNUAL WELLNESS VISIT.—Section
4 1861(hhh)(2) of the Social Security Act (42 U.S.C.
5 1395x(hhh)(2)) is amended—
6 (1) by redesignating subparagraph (G) as sub-
7 paragraph (I); and
8 (2) by inserting after subparagraph (F) the fol-
9 lowing new subparagraphs:
10 "(G) Screening for potential substance use
11 disorders and referral for treatment as appro-
12 priate.
13 "(H) The furnishing of a review of any
14 current opioid prescriptions (as defined in sub-
15 section (ww)(4)).".
16 (c) EFFECTIVE DATE.—The amendments made by
17 this section shall apply to examinations and visits fur-
18 nished on or after January 1, 2019.

19 **SEC. 104. EVERY PRESCRIPTION CONVEYED SECURELY.**

20 (a) IN GENERAL.—Section 1860D–4(e) of the Social
21 Security Act (42 U.S.C. 1395w–104(e)) is amended by
22 adding at the end the following:
23 "(7) REQUIREMENT OF E-PRESCRIBING FOR
24 CONTROLLED SUBSTANCES.—

1 "(A) IN GENERAL.—Subject to subparagraph (B), a prescription for a covered part D drug under a prescription drug plan (or under an MA–PD plan) for a schedule II, III, IV, or V controlled substance shall be transmitted by a health care practitioner electronically in accordance with an electronic prescription drug program that meets the requirements of paragraph (2).

10 "(B) EXCEPTION FOR CERTAIN CIRCUMSTANCES.—The Secretary shall, through rulemaking, specify circumstances and processes by which the Secretary may waive the requirement under subparagraph (A), with respect to a covered part D drug, including in the case of—

17 "(i) a prescription issued when the practitioner and dispensing pharmacy are the same entity;

20 "(ii) a prescription issued that cannot be transmitted electronically under the most recently implemented version of the National Council for Prescription Drug Programs SCRIPT Standard;

1 "(iii) a prescription issued by a practi-
2 tioner who received a waiver or a renewal
3 thereof for a period of time as determined
4 by the Secretary, not to exceed one year,
5 from the requirement to use electronic pre-
6 scribing due to demonstrated economic
7 hardship, technological limitations that are
8 not reasonably within the control of the
9 practitioner, or other exceptional cir-
10 cumstance demonstrated by the practi-
11 tioner;

12 "(iv) a prescription issued by a practi-
13 tioner under circumstances in which, not-
14 withstanding the practitioner's ability to
15 submit a prescription electronically as re-
16 quired by this subsection, such practitioner
17 reasonably determines that it would be im-
18 practical for the individual involved to ob-
19 tain substances prescribed by electronic
20 prescription in a timely manner, and such
21 delay would adversely impact the individ-
22 ual's medical condition involved;

23 "(v) a prescription issued by a practi-
24 tioner prescribing a drug under a research
25 protocol;

1 “(vi) a prescription issued by a practi-
2 tioner for a drug for which the Food and
3 Drug Administration requires a prescrip-
4 tion to contain elements that are not able
5 to be included in electronic prescribing
6 such as, a drug with risk evaluation and
7 mitigation strategies that include elements
8 to assure safe use;
9 “(vii) a prescription issued by a prac-
10 titioner—
11 “(I) for an individual who re-
12 ceives hospice care under this title;
13 and
14 “(II) that is not covered under
15 the hospice benefit under this title;
16 and
17 “(viii) a prescription issued by a prac-
18 titioner for an individual who is—
19 “(I) a resident of a nursing facil-
20 ity (as defined in section 1919(a));
21 and
22 “(II) dually eligible for benefits
23 under this title and title XIX.
24 “(C) DISPENSING.—(i) Nothing in this
25 paragraph shall be construed as requiring a

1 sponsor of a prescription drug plan under this
2 part, MA organization offering an MA–PD plan
3 under part C, or a pharmacist to verify that a
4 practitioner, with respect to a prescription for a
5 covered part D drug, has a waiver (or is other-
6 wise exempt) under subparagraph (B) from the
7 requirement under subparagraph (A).

8 ''(ii) Nothing in this paragraph shall be
9 construed as affecting the ability of the plan to
10 cover or the pharmacists' ability to continue to
11 dispense covered part D drugs from otherwise
12 valid written, oral or fax prescriptions that are
13 consistent with laws and regulations.

14 ''(iii) Nothing in this paragraph shall be
15 construed as affecting the ability of an indi-
16 vidual who is being prescribed a covered part D
17 drug to designate a particular pharmacy to dis-
18 pense the covered part D drug to the extent
19 consistent with the requirements under sub-
20 section (b)(1) and under this paragraph.

21 ''(D) ENFORCEMENT.—The Secretary
22 shall, through rulemaking, have authority to en-
23 force and specify appropriate penalties for non-
24 compliance with the requirement under sub-
25 paragraph (A).''.

1 (b) EFFECTIVE DATE.—The amendment made by
2 subsection (a) shall apply to coverage of drugs prescribed
3 on or after January 1, 2021.

4 **SEC. 105. STANDARDIZING ELECTRONIC PRIOR AUTHOR-**
5 **IZATION FOR SAFE PRESCRIBING.**

6 Section 1860D–4(e)(2) of the Social Security Act (42
7 U.S.C. 1395w–104(e)(2)) is amended by adding at the end
8 the following new subparagraph:

9 "(E) ELECTRONIC PRIOR AUTHORIZA-
10 TION.—

11 "(i) IN GENERAL.—Not later than
12 January 1, 2021, the program shall pro-
13 vide for the secure electronic transmittal
14 of—

15 "(I) a prior authorization request
16 from the prescribing health care pro-
17 fessional for coverage of a covered
18 part D drug for a part D eligible indi-
19 vidual enrolled in a part D plan (as
20 defined in section 1860D–23(a)(5)) to
21 the PDP sponsor or Medicare Advan-
22 tage organization offering such plan;
23 and

24 "(II) a response, in accordance
25 with this subparagraph, from such

1 PDP sponsor or Medicare Advantage
2 organization, respectively, to such pro-
3 fessional.
4 ‘‘(ii) ELECTRONIC TRANSMISSION.—
5 ‘‘(I) EXCLUSIONS.—For purposes
6 of this subparagraph, a facsimile, a
7 proprietary payer portal that does not
8 meet standards specified by the Sec-
9 retary, or an electronic form shall not
10 be treated as an electronic trans-
11 mission described in clause (i).
12 ‘‘(II) STANDARDS.—In order to
13 be treated, for purposes of this sub-
14 paragraph, as an electronic trans-
15 mission described in clause (i), such
16 transmission shall comply with tech-
17 nical standards adopted by the Sec-
18 retary in consultation with the Na-
19 tional Council for Prescription Drug
20 Programs, other standard setting or-
21 ganizations determined appropriate by
22 the Secretary, and stakeholders in-
23 cluding PDP sponsors, Medicare Ad-
24 vantage organizations, health care

1 professionals, and health information
2 technology software vendors.
3 "(III) APPLICATION.—Notwith-
4 standing any other provision of law,
5 for purposes of this subparagraph, the
6 Secretary may require the use of such
7 standards adopted under subclause
8 (II) in lieu of any other applicable
9 standards for an electronic trans-
10 mission described in clause (i) for a
11 covered part D drug for a part D eli-
12 gible individual.".

13 **SEC. 106. STRENGTHENING PARTNERSHIPS TO PREVENT**
14 **OPIOID ABUSE.**

15 (a) IN GENERAL.—Section 1859 of the Social Secu-
16 rity Act (42 U.S.C. 1395w–28) is amended by adding at
17 the end the following new subsection:
18 "(i) PROGRAM INTEGRITY TRANSPARENCY MEAS-
19 URES.—
20 "(1) PROGRAM INTEGRITY PORTAL.—
21 "(A) IN GENERAL.—Not later than 2 years
22 after the date of the enactment of this sub-
23 section, the Secretary shall, after consultation
24 with stakeholders, establish a secure Internet
25 website portal that would allow a secure path

1 for communication between the Secretary, MA
2 plans under this part, prescription drug plans
3 under part D, and an eligible entity with a con-
4 tract under section 1893 (such as a Medicare
5 drug integrity contractor or any successor enti-
6 ty to a Medicare drug integrity contractor), in
7 accordance with subsection (j)(3) of such sec-
8 tion, for the purpose of enabling through such
9 portal—
10 ‘‘(i) the referral by such plans of sus-
11 picious activities of a provider of services
12 (including a prescriber) or supplier related
13 to fraud, waste, and abuse for initiating or
14 assisting investigations conducted by the
15 eligible entity; and
16 ‘‘(ii) data sharing among such MA
17 plans, prescription drug plans, and the
18 Secretary.
19 ‘‘(B) REQUIRED USES OF PORTAL.—The
20 Secretary shall disseminate the following infor-
21 mation to MA plans under this part and pre-
22 scription drug plans under part D through the
23 secure Internet website portal established under
24 subparagraph (A):

1 "(i) Providers of services and sup-
2 pliers that have been referred pursuant to
3 subparagraph (A)(i) during the previous
4 12-month period.

5 "(ii) Providers of services and sup-
6 pliers who are the subject of an active ex-
7 clusion under section 1128 or who are sub-
8 ject to a suspension of payment under this
9 title pursuant to section 1862(o) or other-
10 wise.

11 "(iii) Providers of services and sup-
12 pliers who are the subject of an active rev-
13 ocation of participation under this title, in-
14 cluding for not satisfying conditions of par-
15 ticipation.

16 "(iv) In the case of such a plan that
17 makes a referral under subparagraph
18 (A)(i) through the portal with respect to
19 suspicious activities of a provider of serv-
20 ices (including a prescriber) or supplier, if
21 such provider (or prescriber) or supplier
22 has been the subject of an administrative
23 action under this title or title XI with re-
24 spect to similar activities, a notification to
25 such plan of such action so taken.

1 "(C) RULEMAKING.—For purposes of this
2 paragraph, the Secretary shall, through rule-
3 making, specify what constitutes suspicious ac-
4 tivities related to fraud, waste, and abuse, using
5 guidance such as what is provided in the Medi-
6 care Program Integrity Manual 4.7.1.

7 "(2) QUARTERLY REPORTS.—Beginning not
8 later than 2 years after the date of the enactment
9 of this subsection, the Secretary shall make available
10 to MA plans under this part and prescription drug
11 plans under part D in a timely manner (but no less
12 frequently than quarterly) and using information
13 submitted to an entity described in paragraph (1)
14 through the portal described in such paragraph or
15 pursuant to section 1893, information on fraud,
16 waste, and abuse schemes and trends in identifying
17 suspicious activity. Information included in each
18 such report shall—

19 "(A) include administrative actions, perti-
20 nent information related to opioid overpre-
21 scribing, and other data determined appropriate
22 by the Secretary in consultation with stake-
23 holders; and

1 "(B) be anonymized information submitted
2 by plans without identifying the source of such
3 information.
4 "(3) CLARIFICATION.—Nothing in this sub-
5 section shall preclude or otherwise affect referrals to
6 the Inspector General of the Department of Health
7 and Human Services or other law enforcement enti-
8 ties.".
9 (b) CONTRACT REQUIREMENT TO COMMUNICATE
10 PLAN CORRECTIVE ACTIONS AGAINST OPIOIDS OVER-
11 PRESCRIBERS.—Section 1857(e)(4)(C) of the Social Secu-
12 rity Act (42 U.S.C. 1395w–27(e)(4)(C)) is amended by
13 adding at the end the following new paragraph:
14 "(5) COMMUNICATING PLAN CORRECTIVE AC-
15 TIONS AGAINST OPIOIDS OVER-PRESCRIBERS.—
16 "(A) IN GENERAL.—Beginning with plan
17 years beginning on or after January 1, 2021, a
18 contract under this section with an MA organi-
19 zation shall require the organization to submit
20 to the Secretary, through the process estab-
21 lished under subparagraph (B), information on
22 credible evidence of suspicious activities of a
23 provider of services (including a prescriber) or
24 supplier related to fraud and other actions

1 taken by such plans related to inappropriate
2 prescribing of opioids.
3 "(B) PROCESS.—Not later than January
4 1, 2021, the Secretary shall, in consultation
5 with stakeholders, establish a process under
6 which MA plans and prescription drug plans
7 shall submit to the Secretary information de-
8 scribed in subparagraph (A).
9 "(C) REGULATIONS.—For purposes of this
10 paragraph, including as applied under section
11 1860D–12(b)(3)(D), the Secretary shall, pursu-
12 ant to rulemaking—
13 "(i) specify a definition for the term
14 'inappropriate prescribing of opioids' and a
15 method for determining if a provider of
16 services prescribes such a high volume; and
17 "(ii) establish the process described in
18 subparagraph (B) and the types of infor-
19 mation that may be submitted through
20 such process.".
21 (c) REFERENCE UNDER PART D TO PROGRAM IN-
22 TEGRITY TRANSPARENCY MEASURES.—Section 1860D–4
23 of the Social Security Act (42 U.S.C. 1395w–104) is
24 amended by adding at the end the following new sub-
25 section:

1 “(m) PROGRAM INTEGRITY TRANSPARENCY MEAS-
2 URES.—For program integrity transparency measures ap-
3 plied with respect to prescription drug plan and MA plans,
4 see section 1859(i).”.

5 **SEC. 107. COMMIT TO OPIOID MEDICAL PRESCRIBER AC-**
6 **COUNTABILITY AND SAFETY FOR SENIORS.**

7 Section 1860D–4(c)(4) of the Social Security Act (42
8 U.S.C. 1395w–104(c)(4)) is amended by adding at the end
9 the following new subparagraph:

10 “(D) NOTIFICATION AND ADDITIONAL RE-
11 QUIREMENTS WITH RESPECT TO STATISTICAL
12 OUTLIER PRESCRIBERS OF OPIOIDS.—

13 “(i) NOTIFICATION.—Not later than
14 January 1, 2021, the Secretary shall, in
15 the case of a prescriber identified by the
16 Secretary under clause (ii) to be a statis-
17 tical outlier prescriber of opioids, provide,
18 subject to clause (iv), an annual notifica-
19 tion to such prescriber that such prescriber
20 has been so identified that includes re-
21 sources on proper prescribing methods and
22 other information as specified in accord-
23 ance with clause (iii).

24 “(ii) IDENTIFICATION OF STATISTICAL
25 OUTLIER PRESCRIBERS OF OPIOIDS.—

1 "(I) IN GENERAL.—The Sec-
2 retary shall, subject to subclause (III),
3 using the valid prescriber National
4 Provider Identifiers included pursuant
5 to subparagraph (A) on claims for
6 covered part D drugs for part D eligi-
7 ble individuals enrolled in prescription
8 drug plans under this part or MA–PD
9 plans under part C and based on the
10 thresholds established under subclause
11 (II), identify prescribers that are sta-
12 tistical outlier opioids prescribers for
13 a period of time specified by the Sec-
14 retary.
15 "(II) ESTABLISHMENT OF
16 THRESHOLDS.—For purposes of sub-
17 clause (I) and subject to subclause
18 (III), the Secretary shall, after con-
19 sultation with stakeholders, establish
20 thresholds, based on prescriber spe-
21 cialty and, as determined appropriate
22 by the Secretary, geographic area, for
23 identifying whether a prescriber in a
24 specialty and geographic area is a sta-
25 tistical outlier prescriber of opioids as

1 compared to other prescribers of
2 opioids within such specialty and area.
3 "(III) EXCLUSIONS.—The fol-
4 lowing shall not be included in the
5 analysis for identifying statistical
6 outlier prescribers of opioids under
7 this clause:
8 "(aa) Claims for covered
9 part D drugs for part D eligible
10 individuals who are receiving hos-
11 pice care under this title.
12 "(bb) Claims for covered
13 part D drugs for part D eligible
14 individuals who are receiving on-
15 cology services under this title.
16 "(cc) Prescribers who are
17 the subject of an investigation by
18 the Centers for Medicare & Med-
19 icaid Services or the Inspector
20 General of the Department of
21 Health and Human Services.
22 "(iii) CONTENTS OF NOTIFICATION.—
23 The Secretary shall include the following
24 information in the notifications provided
25 under clause (i):

1 "(I) Information on how such
2 prescriber compares to other pre-
3 scribers within the same specialty
4 and, if determined appropriate by the
5 Secretary, geographic area.
6 "(II) Information on opioid pre-
7 scribing guidelines, based on input
8 from stakeholders, that may include
9 the Centers for Disease Control and
10 Prevention guidelines for prescribing
11 opioids for chronic pain and guidelines
12 developed by physician organizations.
13 "(III) Other information deter-
14 mined appropriate by the Secretary.
15 "(iv) MODIFICATIONS AND EXPAN-
16 SIONS.—
17 "(I) FREQUENCY.—Beginning 5
18 years after the date of the enactment
19 of this subparagraph, the Secretary
20 may change the frequency of the noti-
21 fications described in clause (i) based
22 on stakeholder input and changes in
23 opioid prescribing utilization and
24 trends.

1 "(II) EXPANSION TO OTHER PRESCRIPTIONS.—The Secretary may expand notifications under this subparagraph to include identifications and notifications with respect to concurrent prescriptions of covered Part D drugs used in combination with opioids that are considered to have adverse side effects when so used in such combination, as determined by the Secretary.

"(v) ADDITIONAL REQUIREMENTS FOR PERSISTENT STATISTICAL OUTLIER PRESCRIBERS.—In the case of a prescriber who the Secretary determines is persistently identified under clause (ii) as a statistical outlier prescriber of opioids, the following shall apply:

"(I) The Secretary shall provide an opportunity for such prescriber to receive technical assistance or educational resources on opioid prescribing guidelines (such as the guidelines described in clause (iii)(II)) from an entity that furnishes such assist-

1 ance or resources, which may include
2 a quality improvement organization
3 under part B of title XI, as available
4 and appropriate.

5 "(II) Such prescriber may be re-
6 quired to enroll in the program under
7 this title under section 1866(j) if such
8 prescriber is not otherwise required to
9 enroll. The Secretary shall determine
10 the length of the period for which
11 such prescriber is required to main-
12 tain such enrollment.

13 "(III) Not less frequently than
14 annually (and in a form and manner
15 determined appropriate by the Sec-
16 retary), the Secretary shall commu-
17 nicate information on such prescribers
18 to sponsors of a prescription drug
19 plan and Medicare Advantage organi-
20 zations offering an MA–PD plan.

21 "(vi) PUBLIC AVAILABILITY OF IN-
22 FORMATION.—The Secretary shall make
23 aggregate information under this subpara-
24 graph available on the Internet website of
25 the Centers for Medicare & Medicaid Serv-

1 ices. Such information shall be in a form
2 and manner determined appropriate by the
3 Secretary and shall not identify any spe-
4 cific prescriber. In carrying out this clause,
5 the Secretary shall consult with interested
6 stakeholders.

7 "(vii) OPIOIDS DEFINED.—For pur-
8 poses of this subparagraph, the term
9 'opioids' has such meaning as specified by
10 the Secretary.

11 "(viii) OTHER ACTIVITIES.—Nothing
12 in this subparagraph shall preclude the
13 Secretary from conducting activities that
14 provide prescribers with information as to
15 how they compare to other prescribers that
16 are in addition to the activities under this
17 subparagraph, including activities that
18 were being conducted as of the date of the
19 enactment of this subparagraph.".

20 **SEC. 108. FIGHTING THE OPIOID EPIDEMIC WITH SUN-**
21 **SHINE.**

22 (a) INCLUSION OF INFORMATION REGARDING PAY-
23 MENTS TO ADVANCE PRACTICE NURSES.—

1 (1) IN GENERAL.—Section 1128G(e)(6) of the
2 Social Security Act (42 U.S.C. 1320a–7h(e)(6)) is
3 amended—
4 (A) in subparagraph (A), by adding at the
5 end the following new clauses:
6 ''(iii) A physician assistant, nurse
7 practitioner, or clinical nurse specialist (as
8 such terms are defined in section
9 1861(aa)(5)).
10 ''(iv) A certified registered nurse an-
11 esthetist (as defined in section
12 1861(bb)(2)).
13 ''(v) A certified nurse-midwife (as de-
14 fined in section 1861(gg)(2)).''; and
15 (B) in subparagraph (B), by inserting '',
16 physician assistant, nurse practitioner, clinical
17 nurse specialist, certified nurse anesthetist, or
18 certified nurse-midwife'' after ''physician''.
19 (2) EFFECTIVE DATE.—The amendments made
20 by this subsection shall apply with respect to infor-
21 mation required to be submitted under section
22 1128G of the Social Security Act (42 U.S.C. 1320a–
23 7h) on or after January 1, 2021.
24 (b) SUNSET OF EXCLUSION OF NATIONAL PROVIDER
25 IDENTIFIER OF COVERED RECIPIENT IN INFORMATION

1 MADE PUBLICLY AVAILABLE.—Section
2 1128G(c)(1)(C)(viii) of the Social Security Act (42 U.S.C.
3 1320a–7h(c)(1)(C)(viii))) is amended by striking ''does
4 not contain'' and inserting ''in the case of information
5 made available under this subparagraph prior to January
6 1, 2021, does not contain''.

7 (c) ADMINISTRATION.—Chapter 35 of title 44,
8 United States Code, shall not apply to this section or the
9 amendments made by this section.

10 **SEC. 109. DEMONSTRATION TESTING COVERAGE OF CER-**
11 **TAIN SERVICES FURNISHED BY OPIOID**
12 **TREATMENT PROGRAMS.**

13 Title XVIII of the Social Security Act (42 U.S.C.
14 1395 et seq.) is amended by inserting after section 1866E
15 the following:

16 ''DEMONSTRATION TESTING COVERAGE OF CERTAIN
17 SERVICES FURNISHED BY OPIOID TREATMENT PROGRAMS

18 ''SEC. 1866F. (a) ESTABLISHMENT.—

19 ''(1) IN GENERAL.—The Secretary shall con-
20 duct a demonstration (in this section referred to as
21 the 'demonstration') to test coverage of and payment
22 for opioid use disorder treatment services (as defined
23 in paragraph (2)(B)) furnished by opioid treatment
24 programs (as defined in paragraph (2)(A)) to indi-
25 viduals under part B using a bundled payment as
26 described in paragraph (3).

1 "(2) DEFINITIONS.—In this section:
2 "(A) OPIOID TREATMENT PROGRAM.—The
3 term 'opioid treatment program' means an enti-
4 ty that is an opioid treatment program (as de-
5 fined in section 8.2 of title 42 of the Code of
6 Federal Regulations, or any successor regula-
7 tion) that—
8 "(i) is selected for participation in the
9 demonstration;
10 "(ii) has in effect a certification by
11 the Substance Abuse and Mental Health
12 Services Administration for such a pro-
13 gram;
14 "(iii) is accredited by an accrediting
15 body approved by the Substance Abuse and
16 Mental Health Services Administration;
17 "(iv) submits to the Secretary data
18 and information needed to monitor the
19 quality of services furnished and conduct
20 the evaluation described in subsection (c);
21 and
22 "(v) meets such additional require-
23 ments as the Secretary may find necessary.
24 "(B) OPIOID USE DISORDER TREATMENT
25 SERVICES.—The term 'opioid use disorder

1 treatment services' means items and services
2 that are furnished by an opioid treatment pro-
3 gram for the treatment of opioid use disorder,
4 including—
5 "(i) opioid agonist and antagonist
6 treatment medications (including oral, in-
7 jected, or implanted versions) that are ap-
8 proved by the Food and Drug Administra-
9 tion under section 505 of the Federal
10 Food, Drug and Cosmetic Act for use in
11 the treatment of opioid use disorder;
12 "(ii) dispensing and administration of
13 such medications, if applicable;
14 "(iii) substance use counseling by a
15 professional to the extent authorized under
16 State law to furnish such services;
17 "(iv) individual and group therapy
18 with a physician or psychologist (or other
19 mental health professional to the extent
20 authorized under State law);
21 "(v) toxicology testing; and
22 "(vi) other items and services that the
23 Secretary determines are appropriate (but
24 in no case to include meals or transpor-
25 tation).

1 "(3) BUNDLED PAYMENT UNDER PART B.—
2 "(A) IN GENERAL.—The Secretary shall
3 pay, from the Federal Supplementary Medical
4 Insurance Trust Fund under section 1841, to
5 an opioid treatment program participating in
6 the demonstration a bundled payment as deter-
7 mined by the Secretary for opioid use disorder
8 treatment services that are furnished by such
9 treatment program to an individual under part
10 B during an episode of care (as defined by the
11 Secretary).
12 "(B) CONSIDERATIONS.—The Secretary
13 may implement this paragraph through one or
14 more bundles based on the type of medication
15 provided (such as buprenorphine, methadone,
16 naltrexone, or a new innovative drug), the fre-
17 quency of services furnished, the scope of serv-
18 ices furnished, characteristics of the individuals
19 furnished such services, or other factors as the
20 Secretary determine appropriate. In developing
21 such bundles, the Secretary may consider pay-
22 ment rates paid to opioid treatment programs
23 for comparable services under State plans
24 under title XIX or under the TRICARE pro-

1 gram under chapter 55 of title 10 of the United
2 States Code.
3 ''(b) IMPLEMENTATION.—
4 ''(1) DURATION.—The demonstration shall be
5 conducted for a period of 5 years, beginning not
6 later than January 1, 2021.
7 ''(2) SCOPE.—In carrying out the demonstra-
8 tion, the Secretary shall limit the number of bene-
9 ficiaries that may participate at any one time in the
10 demonstration to 2,000.
11 ''(3) WAIVER.—The Secretary may waive such
12 provisions of this title and title XI as the Secretary
13 determines necessary in order to implement the dem-
14 onstration.
15 ''(4) ADMINISTRATION.—Chapter 35 of title 44,
16 United States Code, shall not apply to this section.
17 ''(c) EVALUATION AND REPORT.—
18 ''(1) EVALUATION.—The Secretary shall con-
19 duct an evaluation of the demonstration. Such eval-
20 uation shall include analyses of—
21 ''(A) the impact of the demonstration on—
22 ''(i) utilization of health care items
23 and services related to opioid use disorder,
24 including hospitalizations and emergency
25 department visits;

1 "(ii) beneficiary health outcomes re-
2 lated to opioid use disorder, including
3 opioid overdose deaths; and
4 "(iii) overall expenditures under this
5 title; and
6 "(B) the performance of opioid treatment
7 programs participating in the demonstration
8 with respect to applicable quality and cost
9 metrics, including whether any additional qual-
10 ity measures related to opioid use disorder
11 treatment are needed with respect to such pro-
12 grams under this title.
13 "(2) REPORT.—Not later than 2 years after the
14 completion of the demonstration, the Secretary shall
15 submit to Congress a report containing the results
16 of the evaluation conducted under paragraph (1), to-
17 gether with recommendations for such legislation
18 and administrative action as the Secretary deter-
19 mines appropriate.
20 "(d) FUNDING.—For purposes of administering and
21 carrying out the demonstration, in addition to funds other-
22 wise appropriated, there shall be transferred to the Sec-
23 retary for the Center for Medicare & Medicaid Services
24 Program Management Account from the Federal Supple-

1 mentary Medical Insurance Trust Fund under section
2 1841 $5,000,000, to remain available until expended.''.

3 **SEC. 110. ENCOURAGING APPROPRIATE PRESCRIBING**
4 **UNDER MEDICARE FOR VICTIMS OF OPIOID**
5 **OVERDOSE.**

6 Section 1860D–4(c)(5)(C) of the Social Security Act
7 (42 U.S.C. 1395w–104(c)(5)(C)) is amended—

8 (1) in clause (i), in the matter preceding sub-
9 clause (I), by striking ''For purposes'' and inserting
10 ''Except as provided in clause (v), for purposes'';
11 and

12 (2) by adding at the end the following new
13 clause:

14 ''(v) TREATMENT OF ENROLLEES
15 WITH A HISTORY OF OPIOID-RELATED
16 OVERDOSE.—

17 ''(I) IN GENERAL.—For plan
18 years beginning not later than Janu-
19 ary 1, 2021, a part D eligible indi-
20 vidual who is not an exempted indi-
21 vidual described in clause (ii) and who
22 is identified under this clause as a
23 part D eligible individual with a his-
24 tory of opioid-related overdose (as de-
25 fined by the Secretary) shall be in-

1 cluded as a potentially at-risk beneficiary for prescription drug abuse under the drug management program under this paragraph.

"(II) IDENTIFICATION AND NOTICE.—For purposes of this clause, the Secretary shall—

"(aa) identify part D eligible individuals with a history of opioid-related overdose (as so defined); and

"(bb) notify the PDP sponsor of the prescription drug plan in which such an individual is enrolled of such identification.".

SEC. 111. AUTOMATIC ESCALATION TO EXTERNAL REVIEW UNDER A MEDICARE PART D DRUG MANAGEMENT PROGRAM FOR AT-RISK BENEFICIARIES.

(a) IN GENERAL.—Section 1860D–4(c)(5) of the Social Security Act (42 U.S.C. 1395ww–10(c)(5)) is amended—

(1) in subparagraph (B), in each of clauses (ii)(III) and (iii)(IV), by striking "and the option of an automatic escalation to external review" and in-

1 serting ", including notice that if on reconsideration
2 a PDP sponsor affirms its denial, in whole or in
3 part, the case shall be automatically forwarded to
4 the independent, outside entity contracted with the
5 Secretary for review and resolution"; and
6 (2) in subparagraph (E), by striking "and the
7 option" and all that follows and inserting the fol-
8 lowing: "and if on reconsideration a PDP sponsor
9 affirms its denial, in whole or in part, the case shall
10 be automatically forwarded to the independent, out-
11 side entity contracted with the Secretary for review
12 and resolution.".
13 (b) EFFECTIVE DATE.—The amendments made by
14 subsection (a) shall apply beginning not later January 1,
15 2021.

16 **SEC. 112. MEDICARE IMPROVEMENT FUND.**

17 Section 1898(b)(1) of the Social Security Act (42
18 U.S.C. 1395iii(b)(1)) is amended by striking "fiscal year
19 2021, $0" and inserting "fiscal year 2023, $50,000,000".

20 TITLE II—MEDICAID

21 **SEC. 201. CARING RECOVERY FOR INFANTS AND BABIES.**

22 (a) STATE PLAN AMENDMENT.—Section 1902(a) of
23 the Social Security Act (42 U.S.C. 1396a(a)) is amend-
24 ed—

1 (1) in paragraph (82), by striking ''and'' after
2 the semicolon;
3 (2) in paragraph (83), by striking the period at
4 the end and inserting ''; and''; and
5 (3) by inserting after paragraph (83), the fol-
6 lowing new paragraph:
7 ''(84) provide, at the option of the State, for
8 making medical assistance available on an inpatient
9 or outpatient basis at a residential pediatric recovery
10 center (as defined in subsection (nn)) to infants with
11 neonatal abstinence syndrome.''.
12 (b) RESIDENTIAL PEDIATRIC RECOVERY CENTER
13 DEFINED.—Section 1902 of such Act (42 U.S.C. 1396a)
14 is amended by adding at the end the following new sub-
15 section:
16 ''(nn) RESIDENTIAL PEDIATRIC RECOVERY CENTER
17 DEFINED.—
18 ''(1) IN GENERAL.—For purposes of section
19 1902(a)(84), the term 'residential pediatric recovery
20 center' means a center or facility that furnishes
21 items and services for which medical assistance is
22 available under the State plan to infants with the di-
23 agnosis of neonatal abstinence syndrome without any
24 other significant medical risk factors.

1 "(2) COUNSELING AND SERVICES.—A residen-
2 tial pediatric recovery center may offer counseling
3 and other services to mothers (and other appropriate
4 family members and caretakers) of infants receiving
5 treatment at such centers if such services are other-
6 wise covered under the State plan under this title or
7 under a waiver of such plan. Such other services
8 may include the following:
9 "(A) Counseling or referrals for services.
10 "(B) Activities to encourage caregiver-in-
11 fant bonding.
12 "(C) Training on caring for such infants.".
13 (c) EFFECTIVE DATE.—The amendments made by
14 this section take effect on the date of enactment of this
15 Act and shall apply to medical assistance furnished on or
16 after that date, without regard to final regulations to carry
17 out such amendments being promulgated as of such date.
18 **SEC. 202. PEER SUPPORT ENHANCEMENT AND EVALUA-**
19 **TION REVIEW.**
20 (a) IN GENERAL.—Not later than 2 years after the
21 date of the enactment of this Act, the Comptroller General
22 of the United States shall submit to the Committee on
23 Energy and Commerce of the House of Representatives,
24 the Committee on Finance of the Senate, and the Com-
25 mittee on Health, Education, Labor, and Pensions of the

1 Senate a report on the provision of peer support services
2 under the Medicaid program.
3 (b) CONTENT OF REPORT.—
4 (1) IN GENERAL.—The report required under
5 subsection (a) shall include the following informa-
6 tion:
7 (A) Information on State coverage of peer
8 support services under Medicaid, including—
9 (i) the mechanisms through which
10 States may provide such coverage, includ-
11 ing through existing statutory authority or
12 through waivers;
13 (ii) the populations to which States
14 have provided such coverage;
15 (iii) the payment models, including
16 any alternative payment models, used by
17 States to pay providers of such services;
18 and
19 (iv) where available, information on
20 Federal and State spending under Med-
21 icaid for peer support services.
22 (B) Information on selected State experi-
23 ences in providing medical assistance for peer
24 support services under State Medicaid plans

1 and whether States measure the effects of pro-
2 viding such assistance with respect to—
3 (i) improving access to behavioral
4 health services;
5 (ii) improving early detection, and
6 preventing worsening, of behavioral health
7 disorders;
8 (iii) reducing chronic and comorbid
9 conditions; and
10 (iv) reducing overall health costs.
11 (2) RECOMMENDATIONS.—The report required
12 under subsection (a) shall include recommendations,
13 including recommendations for such legislative and
14 administrative actions related to improving services,
15 including peer support services, and access to peer
16 support services under Medicaid as the Comptroller
17 General of the United States determines appro-
18 priate.
19 **SEC. 203. MEDICAID SUBSTANCE USE DISORDER TREAT-**
20 **MENT VIA TELEHEALTH.**
21 (a) DEFINITIONS.—In this section:
22 (1) COMPTROLLER GENERAL.—The term
23 ''Comptroller General'' means the Comptroller Gen-
24 eral of the United States.

1 (2) SCHOOL-BASED HEALTH CENTER.—The
2 term ''school-based health center'' has the meaning
3 given that term in section 2110(c)(9) of the Social
4 Security Act (42 U.S.C. 1397jj(c)(9)).
5 (3) SECRETARY.—The term ''Secretary'' means
6 the Secretary of Health and Human Services.
7 (4) TELEHEATH SERVICES.—The term ''tele-
8 health services'' includes remote patient monitoring
9 and other key modalities such as live video or syn-
10 chronous telehealth, store-and-forward or asyn-
11 chronous telehealth, mobile health, telephonic con-
12 sultation, and electronic consult including provider-
13 to-provider e-consults.
14 (5) UNDERSERVED AREA.—The term ''under-
15 served area'' means a health professional shortage
16 area (as defined in section 332(a)(1)(A) of the Pub-
17 lic Health Service Act (42 U.S.C. 254e(a)(1)(A)))
18 and a medically underserved area (according to a
19 designation under section 330(b)(3)(A) of the Public
20 Health Service Act (42 U.S.C. 254b(b)(3)(A))).
21 (b) GUIDANCE TO STATES REGARDING FEDERAL RE-
22 IMBURSEMENT FOR FURNISHING SERVICES AND TREAT-
23 MENT FOR SUBSTANCE USE DISORDERS UNDER MED-
24 ICAID USING TELEHEALTH SERVICES, INCLUDING IN
25 SCHOOL-BASED HEALTH CENTERS.—Not later than 1

1 year after the date of enactment of this Act, the Secretary,
2 acting through the Administrator of the Centers for Medi-
3 care & Medicaid Services, shall issue guidance to States
4 on the following:

5 (1) State options for Federal reimbursement of
6 expenditures under Medicaid for furnishing services
7 and treatment for substance use disorders, including
8 assessment, medication-assisted treatment, coun-
9 seling, and medication management, using telehealth
10 services. Such guidance shall also include guidance
11 on furnishing services and treatments that address
12 the needs of high risk individuals, including at least
13 the following groups:

14 (A) American Indians and Alaska Natives.

15 (B) Adults under the age of 40.

16 (C) Individuals with a history of nonfatal
17 overdose.

18 (2) State options for Federal reimbursement of
19 expenditures under Medicaid for education directed
20 to providers serving Medicaid beneficiaries with sub-
21 stance use disorders using the hub and spoke model,
22 through contracts with managed care entities,
23 through administrative claiming for disease manage-
24 ment activities, and under Delivery System Reform
25 Incentive Payment (''DSRIP'') programs.

1 (3) State options for Federal reimbursement of
2 expenditures under Medicaid for furnishing services
3 and treatment for substance use disorders for indi-
4 viduals enrolled in Medicaid in a school-based health
5 center using telehealth services.

6 (c) GAO EVALUATION OF CHILDREN'S ACCESS TO
7 SERVICES AND TREATMENT FOR SUBSTANCE USE DIS-
8 ORDERS UNDER MEDICAID.—

9 (1) STUDY.—The Comptroller General shall
10 evaluate children's access to services and treatment
11 for substance use disorders under Medicaid. The
12 evaluation shall include an analysis of State options
13 for improving children's access to such services and
14 treatment and for improving outcomes, including by
15 increasing the number of Medicaid providers who
16 offer services or treatment for substance use dis-
17 orders in a school-based health center using tele-
18 health services, particularly in rural and underserved
19 areas. The evaluation shall include an analysis of
20 Medicaid provider reimbursement rates for services
21 and treatment for substance use disorders.

22 (2) REPORT.—Not later than 1 year after the
23 date of enactment of this Act, the Comptroller Gen-
24 eral shall submit to Congress a report containing the
25 results of the evaluation conducted under paragraph

(1), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

(d) REPORT ON REDUCING BARRIERS TO USING TELEHEALTH SERVICES AND REMOTE PATIENT MONITORING FOR PEDIATRIC POPULATIONS UNDER MEDICAID.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall issue a report to the Committee on Finance of the Senate and the Committee on Energy and Commerce of the House of Representative identifying best practices and potential solutions for reducing barriers to using telehealth services to furnish services and treatment for substance use disorders among pediatric populations under Medicaid. The report shall include—

(A) analyses of the best practices, barriers, and potential solutions for using telehealth services to diagnose and provide services and treatment for children with substance use disorders, including opioid use disorder; and

(B) identification and analysis of the differences, if any, in furnishing services and

1 treatment for children with substance use dis-
2 orders using telehealth services and using serv-
3 ices delivered in person, such as, and to the ex-
4 tent feasible, with respect to—
5 (i) utilization rates;
6 (ii) costs;
7 (iii) avoidable inpatient admissions
8 and readmissions;
9 (iv) quality of care; and
10 (v) patient, family, and provider satis-
11 faction.
12 (2) PUBLICATION.—The Secretary shall publish
13 the report required under paragraph (1) on a public
14 Internet website of the Department of Health and
15 Human Services.

16 **SEC. 204. ENHANCING PATIENT ACCESS TO NON-OPIOID**
17 **TREATMENT OPTIONS.**

18 Not later than January 1, 2019, the Secretary of
19 Health and Human Services, acting through the Adminis-
20 trator of the Centers for Medicare & Medicaid Services,
21 shall issue 1 or more final guidance documents, or update
22 existing guidance documents, to States regarding manda-
23 tory and optional items and services that may be provided
24 under a State plan under title XIX of the Social Security
25 Act (42 U.S.C. 1396 et seq.), or under a waiver of such

1 a plan, for non-opioid treatment and management of pain,
2 including, but not limited to, evidence-based non-opioid
3 pharmacological therapies and non-pharmacological thera-
4 pies.

5 **SEC. 205. ASSESSING BARRIERS TO OPIOID USE DISORDER**
6 **TREATMENT.**

7 (a) STUDY.—
8 (1) IN GENERAL.—The Comptroller General of
9 the United States (in this section referred to as the
10 ''Comptroller General'') shall conduct a study re-
11 garding the barriers to providing medication used in
12 the treatment of substance use disorders under Med-
13 icaid distribution models such as the ''buy-and-bill''
14 model, and options for State Medicaid programs to
15 remove or reduce such barriers. The study shall in-
16 clude analyses of each of the following models of dis-
17 tribution of substance use disorder treatment medi-
18 cations, particularly buprenorphine, naltrexone, and
19 buprenorphine-naloxone combinations:
20 (A) The purchasing, storage, and adminis-
21 tration of substance use disorder treatment
22 medications by providers.
23 (B) The dispensing of substance use dis-
24 order treatment medications by pharmacists.

1 (C) The ordering, prescribing, and obtain-
2 ing substance use disorder treatment medica-
3 tions on demand from specialty pharmacies by
4 providers.
5 (2) REQUIREMENTS.—For each model of dis-
6 tribution specified in paragraph (1), the Comptroller
7 General shall evaluate how each model presents bar-
8 riers or could be used by selected State Medicaid
9 programs to reduce the barriers related to the provi-
10 sion of substance use disorder treatment by exam-
11 ining what is known about the effects of the model
12 of distribution on—
13 (A) Medicaid beneficiaries' access to sub-
14 stance use disorder treatment medications;
15 (B) the differential cost to the program be-
16 tween each distribution model for medication
17 assisted treatment; and
18 (C) provider willingness to provide or pre-
19 scribe substance use disorder treatment medica-
20 tions.
21 (b) REPORT.—Not later than 15 months after the
22 date of the enactment of this Act, the Comptroller General
23 shall submit to Congress a report containing the results
24 of the study conducted under subsection (a), together with

1 recommendations for such legislation and administrative
2 action as the Comptroller General determines appropriate.

3 **SEC. 206. HELP FOR MOMS AND BABIES.**

4 (a) MEDICAID STATE PLAN.—Section 1905(a) of the
5 Social Security Act (42 U.S.C. 1396d(a)) is amended by
6 adding at the end the following new sentence: ''In the case
7 of a woman who is eligible for medical assistance on the
8 basis of being pregnant (including through the end of the
9 month in which the 60-day period beginning on the last
10 day of her pregnancy ends), who is a patient in an institu-
11 tion for mental diseases for purposes of receiving treat-
12 ment for a substance use disorder, and who was enrolled
13 for medical assistance under the State plan immediately
14 before becoming a patient in an institution for mental dis-
15 eases or who becomes eligible to enroll for such medical
16 assistance while such a patient, the exclusion from the def-
17 inition of 'medical assistance' set forth in the subdivision
18 (B) following paragraph (29) of the first sentence of this
19 subsection shall not be construed as prohibiting Federal
20 financial participation for medical assistance for items or
21 services that are provided to the woman outside of the in-
22 stitution.''.

23 (b) EFFECTIVE DATE.—

24 (1) IN GENERAL.—Except as provided in para-
25 graph (2), the amendment made by subsection (a)

1 shall take effect on the date of enactment of this
2 Act.
3 (2) RULE FOR CHANGES REQUIRING STATE
4 LEGISLATION.—In the case of a State plan under
5 title XIX of the Social Security Act which the Sec-
6 retary of Health and Human Services determines re-
7 quires State legislation (other than legislation appro-
8 priating funds) in order for the plan to meet the ad-
9 ditional requirements imposed by the amendment
10 made by subsection (a), the State plan shall not be
11 regarded as failing to comply with the requirements
12 of such title solely on the basis of its failure to meet
13 these additional requirements before the first day of
14 the first calendar quarter beginning after the close
15 of the first regular session of the State legislature
16 that begins after the date of the enactment of this
17 Act. For purposes of the previous sentence, in the
18 case of a State that has a 2-year legislative session,
19 each year of such session shall be deemed to be a
20 separate regular session of the State legislature.

21 **SEC. 207. SECURING FLEXIBILITY TO TREAT SUBSTANCE**
22 **USE DISORDERS.**

23 Section 1903(m) of the Social Security Act (42
24 U.S.C. 1396b(m)) is amended by adding at the end the
25 following new paragraph:

1 "(7) Payment shall be made under this title to a
2 State for expenditures for capitation payments described
3 in section 438.6(e) of title 42, Code of Federal Regula-
4 tions (or any successor regulation).".

5 **SEC. 208. MACPAC STUDY AND REPORT ON MAT UTILIZA-**
6 **TION CONTROLS UNDER STATE MEDICAID**
7 **PROGRAMS.**

8 (a) STUDY.—The Medicaid and CHIP Payment and
9 Access Commission shall conduct a study and analysis of
10 utilization control policies applied to medication-assisted
11 treatment for substance use disorders under State Med-
12 icaid programs, including policies and procedures applied
13 both in fee-for-service Medicaid and in risk-based man-
14 aged care Medicaid, which shall—

15 (1) include an inventory of such utilization con-
16 trol policies and related protocols for ensuring access
17 to medically necessary treatment;

18 (2) determine whether managed care utilization
19 control policies and procedures for medication as-
20 sisted treatment for substance use disorders are con-
21 sistent with section 438.210(a)(4)(ii) of title 42,
22 Code of Federal Regulations; and

23 (3) identify policies that—

24 (A) limit an individual's access to medica-
25 tion-assisted treatment for a substance use dis-

order by limiting the quantity of medication-assisted treatment prescriptions, or the number of refills for such prescriptions, available to the individual as part of a prior authorization process or similar utilization protocols; and

(B) apply without evaluating individual instances of fraud, waste, or abuse.

(b) REPORT.—Not later than 1 year after the date of the enactment of this Act, the Medicaid and CHIP Payment and Access Commission shall make publicly available a report containing the results of the study conducted under subsection (a).

SEC. 209. OPIOID ADDICTION TREATMENT PROGRAMS ENHANCEMENT.

(a) T–MSIS SUBSTANCE USE DISORDER DATA BOOK.—

(1) IN GENERAL.—Not later than the date that is 12 months after the date of enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall publish on the public website of the Centers for Medicare & Medicaid Services a report with comprehensive data on the prevalence of substance use disorders in the Medicaid beneficiary population and services pro-

1 vided for the treatment of substance use disorders
2 under Medicaid.
3 (2) CONTENT OF REPORT.—The report re-
4 quired under paragraph (1) shall include, at a min-
5 imum, the following data for each State (including,
6 to the extent available, for the District of Columbia,
7 Puerto Rico, the Virgin Islands, Guam, the North-
8 ern Mariana Islands, and American Samoa):
9 (A) The number and percentage of individ-
10 uals enrolled in the State Medicaid plan or
11 waiver of such plan in each of the major enroll-
12 ment categories (as defined in a public letter
13 from the Medicaid and CHIP Payment and Ac-
14 cess Commission to the Secretary) who have
15 been diagnosed with a substance use disorder
16 and whether such individuals are enrolled under
17 the State Medicaid plan or a waiver of such
18 plan, including the specific waiver authority
19 under which they are enrolled, to the extent
20 available.
21 (B) A list of the substance use disorder
22 treatment services by each major type of serv-
23 ice, such as counseling, medication assisted
24 treatment, peer support, residential treatment,
25 and inpatient care, for which beneficiaries in

1 each State received at least 1 service under the
2 State Medicaid plan or a waiver of such plan.
3 (C) The number and percentage of individ-
4 uals with a substance use disorder diagnosis en-
5 rolled in the State Medicaid plan or waiver of
6 such plan who received substance use disorder
7 treatment services under such plan or waiver by
8 each major type of service under subparagraph
9 (B) within each major setting type, such as out-
10 patient, inpatient, residential, and other home
11 and community-based settings.
12 (D) The number of services provided under
13 the State Medicaid plan or waiver of such plan
14 per individual with a substance use disorder di-
15 agnosis enrolled in such plan or waiver for each
16 major type of service under subparagraph (B).
17 (E) The number and percentage of individ-
18 uals enrolled in the State Medicaid plan or
19 waiver, by major enrollment category, who re-
20 ceived substance use disorder treatment
21 through—
22 (i) a medicaid managed care entity
23 (as defined in section 1932(a)(1)(B) of the
24 Social Security Act (42 U.S.C. 1396u–
25 2(a)(1)(B))), including the number of such

1 individuals who received such assistance
2 through a prepaid inpatient health plan or
3 a prepaid ambulatory health plan;
4 (ii) a fee-for-service payment model;
5 or
6 (iii) an alternative payment model, to
7 the extent available.
8 (F) The number and percentage of individ-
9 uals with a substance use disorder who receive
10 substance use disorder treatment services in an
11 outpatient or home and community-based set-
12 ting after receiving treatment in an inpatient or
13 residential setting, and the number of services
14 received by such individuals in the outpatient or
15 home and community-based setting.
16 (3) ANNUAL UPDATES.—The Secretary shall
17 issue an updated version of the report required
18 under paragraph (1) not later than January 1 of
19 each calendar year through 2024.
20 (4) USE OF T–MSIS DATA.—The report required
21 under paragraph (1) and updates required under
22 paragraph (3) shall—
23 (A) use data and definitions from the
24 Transformed Medicaid Statistical Information
25 System (''T–MSIS'') data set that is no more

1 than 12 months old on the date that the report
2 or update is published; and
3 (B) as appropriate, include a description
4 with respect to each State of the quality and
5 completeness of the data and caveats describing
6 the limitations of the data reported to the Sec-
7 retary by the State that is sufficient to commu-
8 nicate the appropriate uses for the information.
9 (b) MAKING T–MSIS DATA ON SUBSTANCE USE
10 DISORDERS AVAILABLE TO RESEARCHERS.—
11 (1) IN GENERAL.—The Secretary shall publish
12 in the Federal Register a system of records notice
13 for the data specified in paragraph (2) for the
14 Transformed Medicaid Statistical Information Sys-
15 tem, in accordance with section 552a(e)(4) of title 5,
16 United States Code. The notice shall outline policies
17 that protect the security and privacy of the data
18 that, at a minimum, meet the security and privacy
19 policies of SORN 09-70-0541 for the Medicaid Sta-
20 tistical Information System.
21 (2) REQUIRED DATA.—The data covered by the
22 systems of records notice required under paragraph
23 (1) shall be sufficient for researchers and States to
24 analyze the prevalence of substance use disorders in
25 the Medicaid beneficiary population and the treat-

1 ment of substance use disorders under Medicaid
2 across all States (including the District of Columbia,
3 Puerto Rico, the Virgin Islands, Guam, the North-
4 ern Mariana Islands, and American Samoa), forms
5 of treatment, and treatment settings.

6 (3) INITIATION OF DATA-SHARING ACTIVI-
7 TIES.—Not later than January 1, 2019, the Sec-
8 retary shall initiate the data-sharing activities out-
9 lined in the notice required under paragraph (1).

10 **SEC. 210. BETTER DATA SHARING TO COMBAT THE OPIOID**
11 **CRISIS.**

12 (a) IN GENERAL.—Section 1903(m) of the Social Se-
13 curity Act (42 U.S.C. 1396b(m)), as amended by section
14 207, is amended by adding at the end the following new
15 paragraph:

16 "(8)(A) The State agency administering the State
17 plan under this title may have reasonable access, as deter-
18 mined by the State, to 1 or more prescription drug moni-
19 toring program databases administered or accessed by the
20 State to the extent the State agency is permitted to access
21 such databases under State law.

22 "(B) Such State agency may facilitate reasonable ac-
23 cess, as determined by the State, to 1 or more prescription
24 drug monitoring program databases administered or
25 accessed by the State, to same extent that the State agen-

1 cy is permitted under State law to access such databases,
2 for—

3 "(i) any provider enrolled under the State plan
4 to provide services to Medicaid beneficiaries; and

5 "(ii) any managed care entity (as defined under
6 section 1932(a)(1)(B)) that has a contract with the
7 State under this subsection or under section
8 1905(t)(3).

9 "(C) Such State agency may share information in
10 such databases, to the same extent that the State agency
11 is permitted under State law to share information in such
12 databases, with—

13 "(i) any provider enrolled under the State plan
14 to provide services to Medicaid beneficiaries; and

15 "(ii) any managed care entity (as defined under
16 section 1932(a)(1)(B)) that has a contract with the
17 State under this subsection or under section
18 1905(t)(3).".

19 (b) SECURITY AND PRIVACY.—All applicable State
20 and Federal security and privacy protections and laws
21 shall apply to any State agency, individual, or entity ac-
22 cessing 1 or more prescription drug monitoring program
23 databases or obtaining information in such databases in
24 accordance with section 1903(m)(8) of the Social Security

Act (42 U.S.C. 1396b(m)(8)) (as added by subsection (a)).

(c) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on the date of enactment of this Act.

SEC. 211. MANDATORY REPORTING WITH RESPECT TO ADULT BEHAVIORAL HEALTH MEASURES.

Section 1139B of the Social Security Act (42 U.S.C. 1320b–9b) is amended—

(1) in subsection (b)—

(A) in paragraph (3)—

(i) by striking "Not later than January 1, 2013" and inserting the following:

"(A) VOLUNTARY REPORTING.—Not later than January 1, 2013"; and

(ii) by adding at the end the following:

"(B) MANDATORY REPORTING WITH RESPECT TO BEHAVIORAL HEALTH MEASURES.—Beginning with the State report required under subsection (d)(1) for 2024, the Secretary shall require States to use all behavioral health measures included in the core set of adult health quality measures and any updates or changes to such measures to report information, using the

1 standardized format for reporting information
2 and procedures developed under subparagraph
3 (A), regarding the quality of behavioral health
4 care for Medicaid eligible adults.'';
5 (B) in paragraph (5), by adding at the end
6 the following new subparagraph:
7 ''(C) BEHAVIORAL HEALTH MEASURES.—
8 Beginning with respect to State reports re-
9 quired under subsection (d)(1) for 2024, the
10 core set of adult health quality measures main-
11 tained under this paragraph (and any updates
12 or changes to such measures) shall include be-
13 havioral health measures.''; and
14 (2) in subsection (d)(1)(A)—
15 (A) by striking ''the such plan'' and insert-
16 ing ''such plan''; and
17 (B) by striking ''subsection (a)(5)'' and in-
18 serting ''subsection (b)(5) and, beginning with
19 the report for 2024, all behavioral health meas-
20 ures included in the core set of adult health
21 quality measures maintained under such sub-
22 section (b)(5) and any updates or changes to
23 such measures (as required under subsection
24 (b)(3))''.

SEC. 212. REPORT ON INNOVATIVE STATE INITIATIVES AND STRATEGIES TO PROVIDE HOUSING-RELATED SERVICES AND SUPPORTS TO INDIVIDUALS STRUGGLING WITH SUBSTANCE USE DISORDERS UNDER MEDICAID.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall issue a report to Congress describing innovative State initiatives and strategies for providing housing-related services and supports under a State Medicaid program to individuals with substance use disorders who are experiencing or at risk of experiencing homelessness.

(b) CONTENT OF REPORT.—The report required under subsection (a) shall describe the following:

(1) Existing methods and innovative strategies developed and adopted by State Medicaid programs that have achieved positive outcomes in increasing housing stability among Medicaid beneficiaries with substance use disorders who are experiencing or at risk of experiencing homelessness, including Medicaid beneficiaries with substance use disorders who are—

(A) receiving treatment for substance use disorders in inpatient, residential, outpatient, or home and community-based settings;

1 (B) transitioning between substance use
2 disorder treatment settings; or
3 (C) living in supportive housing or another
4 model of affordable housing.
5 (2) Strategies employed by Medicaid managed
6 care organizations, primary care case managers, hos-
7 pitals, accountable care organizations, and other
8 care coordination providers to deliver housing-related
9 services and supports and to coordinate services pro-
10 vided under State Medicaid programs across dif-
11 ferent treatment settings.
12 (3) Innovative strategies and lessons learned by
13 States with Medicaid waivers approved under section
14 1115 or 1915 of the Social Security Act (42 U.S.C.
15 1315, 1396n), including—
16 (A) challenges experienced by States in de-
17 signing, securing, and implementing such waiv-
18 ers or plan amendments;
19 (B) how States developed partnerships
20 with other organizations such as behavioral
21 health agencies, State housing agencies, hous-
22 ing providers, health care services agencies and
23 providers, community-based organizations, and
24 health insurance plans to implement waivers or
25 State plan amendments; and

1 (C) how and whether States plan to pro-
2 vide Medicaid coverage for housing-related serv-
3 ices and supports in the future, including by
4 covering such services and supports under State
5 Medicaid plans or waivers.

6 (4) Existing opportunities for States to provide
7 housing-related services and supports through a
8 Medicaid waiver under sections 1115 or 1915 of the
9 Social Security Act (42 U.S.C. 1315, 1396n) or
10 through a State Medicaid plan amendment, such as
11 the Assistance in Community Integration Service
12 pilot program, which promotes supportive housing
13 and other housing-related supports under Medicaid
14 for individuals with substance use disorders and for
15 which Maryland has a waiver approved under such
16 section 1115 to conduct the program.

17 (5) Innovative strategies and partnerships de-
18 veloped and implemented by State Medicaid pro-
19 grams or other entities to identify and enroll eligible
20 individuals with substance use disorders who are ex-
21 periencing or at risk of experiencing homelessness in
22 State Medicaid programs.

1 **SEC. 213. TECHNICAL ASSISTANCE AND SUPPORT FOR IN-**
2 **NOVATIVE STATE STRATEGIES TO PROVIDE**
3 **HOUSING-RELATED SUPPORTS UNDER MED-**
4 **ICAID.**

5 (a) IN GENERAL.—The Secretary of Health and
6 Human Services shall provide technical assistance and
7 support to States regarding the development and expan-
8 sion of innovative State strategies (including through
9 State Medicaid demonstration projects) to provide hous-
10 ing-related supports and services and care coordination
11 services under Medicaid to individuals with substance use
12 disorders.

13 (b) REPORT.—Not later than 180 days after the date
14 of enactment of this Act, the Secretary shall issue a report
15 to Congress detailing a plan of action to carry out the
16 requirements of subsection (a).

17 TITLE III—HUMAN SERVICES

18 **SEC. 301. SUPPORTING FAMILY-FOCUSED RESIDENTIAL**
19 **TREATMENT.**

20 (a) DEFINITIONS.—In this section:

21 (1) FAMILY-FOCUSED RESIDENTIAL TREAT-
22 MENT PROGRAM.—The term ''family-focused resi-
23 dential treatment program'' means a trauma-in-
24 formed residential program primarily for substance
25 use disorder treatment for pregnant and postpartum
26 women and parents and guardians that allows chil-

1 dren to reside with such women or their parents or
2 guardians during treatment to the extent appro-
3 priate and applicable.

4 (2) MEDICAID PROGRAM.—The term ''Medicaid
5 program'' means the program established under title
6 XIX of the Social Security Act (42 U.S.C. 1396 et
7 seq.).

8 (3) SECRETARY.—The term ''Secretary'' means
9 the Secretary of Health and Human Services.

10 (4) TITLE IV–E PROGRAM.—The term ''title
11 IV–E program'' means the program for foster care,
12 prevention, and permanency established under part
13 E of title IV of the Social Security Act (42 U.S.C.
14 670 et seq.).

15 (b) GUIDANCE ON FAMILY-FOCUSED RESIDENTIAL
16 TREATMENT PROGRAMS.—

17 (1) IN GENERAL.—Not later than 180 days
18 after the date of enactment of this Act, the Sec-
19 retary, in consultation with divisions of the Depart-
20 ment of Health and Human Services administering
21 substance use disorder or child welfare programs,
22 shall develop and issue guidance to States identi-
23 fying opportunities to support family-focused resi-
24 dential treatment programs for the provision of sub-
25 stance use disorder treatment. Before issuing such

1 guidance, the Secretary shall solicit input from rep-
2 resentatives of States, health care providers with ex-
3 pertise in addiction medicine, obstetrics and gyne-
4 cology, neonatology, child trauma, and child develop-
5 ment, health plans, recipients of family-focused
6 treatment services, and other relevant stakeholders.
7 (2) ADDITIONAL REQUIREMENTS.—The guid-
8 ance required under paragraph (1) shall include de-
9 scriptions of the following:
10 (A) Existing opportunities and flexibilities
11 under the Medicaid program, including under
12 waivers authorized under section 1115 or 1915
13 of the Social Security Act (42 U.S.C. 1315,
14 1396n), for States to receive Federal Medicaid
15 funding for the provision of substance use dis-
16 order treatment for pregnant and postpartum
17 women and parents and guardians and, to the
18 extent applicable, their children, in family-fo-
19 cused residential treatment programs.
20 (B) How States can employ and coordinate
21 funding provided under the Medicaid program,
22 the title IV-E program, and other programs ad-
23 ministered by the Secretary to support the pro-
24 vision of treatment and services provided by a
25 family-focused residential treatment facility

1 such as substance use disorder treatment and
2 services, including medication-assisted treat-
3 ment, family, group, and individual counseling,
4 case management, parenting education and
5 skills development, the provision, assessment, or
6 coordination of care and services for children,
7 including necessary assessments and appro-
8 priate interventions, non-emergency transpor-
9 tation for necessary care provided at or away
10 from a program site, transitional services and
11 supports for families leaving treatment, and
12 other services.

13 (C) How States can employ and coordinate
14 funding provided under the Medicaid program
15 and the title IV–E program (including as
16 amended by the Family First Prevention Serv-
17 ices Act enacted under title VII of division E of
18 Public Law 115–123, and particularly with re-
19 spect to the authority under subsections
20 (a)(2)(C) and (j) of section 472 and section
21 474(a)(1) of the Social Security Act (42 U.S.C.
22 672, 674(a)(1)) (as amended by section 50712
23 of Public Law 115–123) to provide foster care
24 maintenance payments for a child placed with a
25 parent who is receiving treatment in a licensed

1 residential family-based treatment facility for a
2 substance use disorder) to support placing chil-
3 dren with their parents in family-focused resi-
4 dential treatment programs.

5 **SEC. 302. IMPROVING RECOVERY AND REUNIFYING FAMI-**
6 **LIES.**

7 Section 435 of the Social Security Act (42 U.S.C.
8 629e) is amended by adding at the end the following:

9 ''(e) FAMILY RECOVERY AND REUNIFICATION PRO-
10 GRAM REPLICATION PROJECT.—

11 ''(1) PURPOSE.—The purpose of this subsection
12 is to provide resources to the Secretary to support
13 the conduct and evaluation of a family recovery and
14 reunification program replication project (referred to
15 in this subsection as the 'project') and to determine
16 the extent to which such programs may be appro-
17 priate for use at different intervention points (such
18 as when a child is at risk of entering foster care or
19 when a child is living with a guardian while a parent
20 is in treatment). The family recovery and reunifica-
21 tion program conducted under the project shall use
22 a recovery coach model that is designed to help re-
23 unify families and protect children by working with
24 parents or guardians with a substance use disorder
25 who have temporarily lost custody of their children.

1 "(2) PROGRAM COMPONENTS.—The family re-
2 covery and reunification program conducted under
3 the project shall adhere closely to the elements and
4 protocol determined to be most effective in other re-
5 covery coaching programs that have been rigorously
6 evaluated and shown to increase family reunification
7 and protect children and, consistent with such ele-
8 ments and protocol, shall provide such items and
9 services as—

10 "(A) assessments to evaluate the needs of
11 the parent or guardian;

12 "(B) assistance in receiving the appro-
13 priate benefits to aid the parent or guardian in
14 recovery;

15 "(C) services to assist the parent or guard-
16 ian in prioritizing issues identified in assess-
17 ments, establishing goals for resolving such
18 issues that are consistent with the goals of the
19 treatment provider, child welfare agency,
20 courts, and other agencies involved with the
21 parent or guardian or their children, and mak-
22 ing a coordinated plan for achieving such goals;

23 "(D) home visiting services coordinated
24 with the child welfare agency and treatment

1 provider involved with the parent or guardian
2 or their children;
3 "(E) case management services to remove
4 barriers for the parent or guardian to partici-
5 pate and continue in treatment, as well as to
6 re-engage a parent or guardian who is not par-
7 ticipating or progressing in treatment;
8 "(F) access to services needed to monitor
9 the parent's or guardian's compliance with pro-
10 gram requirements;
11 "(G) frequent reporting between the treat-
12 ment provider, child welfare agency, courts, and
13 other agencies involved with the parent or
14 guardian or their children to ensure appropriate
15 information on the parent's or guardian's sta-
16 tus is available to inform decision-making; and
17 "(H) assessments and recommendations
18 provided by a recovery coach to the child wel-
19 fare caseworker responsible for documenting the
20 parent's or guardian's progress in treatment
21 and recovery as well as the status of other
22 areas identified in the treatment plan for the
23 parent or guardian, including a recommenda-
24 tion regarding the expected safety of the child
25 if the child is returned to the custody of the

1 parent or guardian that can be used by the
2 caseworker and a court to make permanency
3 decisions regarding the child.
4 ''(3) RESPONSIBILITIES OF THE SECRETARY.—
5 ''(A) IN GENERAL.—The Secretary shall,
6 through a grant or contract with 1 or more en-
7 tities, conduct and evaluate the family recovery
8 and reunification program under the project.
9 ''(B) REQUIREMENTS.—In identifying 1 or
10 more entities to conduct the evaluation of the
11 family recovery and reunification program, the
12 Secretary shall—
13 ''(i) determine that the area or areas
14 in which the program will be conducted
15 have sufficient substance use disorder
16 treatment providers and other resources
17 (other than those provided with funds
18 made available to carry out the project) to
19 successfully conduct the program;
20 ''(ii) determine that the area or areas
21 in which the program will be conducted
22 have enough potential program partici-
23 pants, and will serve a sufficient number of
24 parents or guardians and their children, so
25 as to allow for the formation of a control

1 group, evaluation results to be adequately
2 powered, and preliminary results of the
3 evaluation to be available within 4 years of
4 the program's implementation;

5 ''(iii) provide the entity or entities
6 with technical assistance for the program
7 design, including by working with 1 or
8 more entities that are or have been in-
9 volved in recovery coaching programs that
10 have been rigorously evaluated and shown
11 to increase family reunification and protect
12 children so as to make sure the program
13 conducted under the project adheres closely
14 to the elements and protocol determined to
15 be most effective in such other recovery
16 coaching programs;

17 ''(iv) assist the entity or entities in se-
18 curing adequate coaching, treatment, child
19 welfare, court, and other resources needed
20 to successfully conduct the family recovery
21 and reunification program under the
22 project; and

23 ''(v) ensure the entity or entities will
24 be able to monitor the impacts of the pro-
25 gram in the area or areas in which it is

conducted for at least 5 years after parents or guardians and their children are randomly assigned to participate in the program or to be part of the program's control group.

"(4) EVALUATION REQUIREMENTS.—

"(A) IN GENERAL.—The Secretary, in consultation with the entity or entities conducting the family recovery and reunification program under the project, shall conduct an evaluation to determine whether the program has been implemented effectively and resulted in improvements for children and families. The evaluation shall have 3 components: a pilot phase, an impact study, and an implementation study.

"(B) PILOT PHASE.—The pilot phase component of the evaluation shall consist of the Secretary providing technical assistance to the entity or entities conducting the family recovery and reunification program under the project to ensure—

"(i) the program's implementation adheres closely to the elements and protocol determined to be most effective in other recovery coaching programs that have been

1 rigorously evaluated and shown to increase
2 family reunification and protect children;
3 and

4 “(ii) random assignment of parents or
5 guardians and their children to be partici-
6 pants in the program or to be part of the
7 program’s control group is being carried
8 out.

9 “(C) IMPACT STUDY.—The impact study
10 component of the evaluation shall determine the
11 impacts of the family recovery and reunification
12 program conducted under the project on the
13 parents and guardians and their children par-
14 ticipating in the program. The impact study
15 component shall—

16 “(i) be conducted using an experi-
17 mental design that uses a random assign-
18 ment research methodology;

19 “(ii) consistent with previous studies
20 of other recovery coaching programs that
21 have been rigorously evaluated and shown
22 to increase family reunification and protect
23 children, measure outcomes for parents
24 and guardians and their children over mul-

1 tiple time periods, including for a period of
2 5 years; and
3 "(iii) include measurements of family
4 stability and parent, guardian, and child
5 safety for program participants and the
6 program control group that are consistent
7 with measurements of such factors for par-
8 ticipants and control groups from previous
9 studies of other recovery coaching pro-
10 grams so as to allow results of the impact
11 study to be compared with the results of
12 such prior studies, including with respect
13 to comparisons between program partici-
14 pants and the program control group re-
15 garding—
16 "(I) safe family reunification;
17 "(II) time to reunification;
18 "(III) permanency (such as
19 through measures of reunification,
20 adoption, or placement with guard-
21 ians);
22 "(IV) safety (such as through
23 measures of subsequent maltreat-
24 ment);

1 "(V) parental or guardian treatment persistence and engagement;
3 "(VI) parental or guardian substance use;
5 "(VII) juvenile delinquency;
6 "(VIII) cost; and
7 "(IX) other measurements agreed upon by the Secretary and the entity or entities operating the family recovery and reunification program under the project.
12 "(D) IMPLEMENTATION STUDY.—The implementation study component of the evaluation shall be conducted concurrently with the conduct of the impact study component and shall include, in addition to such other information as the Secretary may determine, descriptions and analyses of—
19 "(i) the adherence of the family recovery and reunification program conducted under the project to other recovery coaching programs that have been rigorously evaluated and shown to increase family reunification and protect children; and

1 "(ii) the difference in services received
2 or proposed to be received by the program
3 participants and the program control
4 group.
5 "(E) REPORT.—The Secretary shall pub-
6 lish on an internet website maintained by the
7 Secretary the following information:
8 "(i) A report on the pilot phase com-
9 ponent of the evaluation.
10 "(ii) A report on the impact study
11 component of the evaluation.
12 "(iii) A report on the implementation
13 study component of the evaluation.
14 "(iv) A report that includes—
15 "(I) analyses of the extent to
16 which the program has resulted in in-
17 creased reunifications, increased per-
18 manency, case closures, net savings to
19 the State or States involved (taking
20 into account both costs borne by
21 States and the Federal government),
22 or other outcomes, or if the program
23 did not produce such outcomes, an
24 analysis of why the replication of the
25 program did not yield such results;

1 "(II) if, based on such analyses,
2 the Secretary determines the program
3 should be replicated, a replication
4 plan; and
5 "(III) such recommendations for
6 legislation and administrative action
7 as the Secretary determines appro-
8 priate.
9 "(5) APPROPRIATION.—In addition to any
10 amounts otherwise made available to carry out this
11 subpart, out of any money in the Treasury of the
12 United States not otherwise appropriated, there are
13 appropriated $15,000,000 for fiscal year 2019 to
14 carry out the project, which shall remain available
15 through fiscal year 2026.".

16 **SEC. 303. BUILDING CAPACITY FOR FAMILY-FOCUSED RESI-**
17 **DENTIAL TREATMENT.**

18 (a) DEFINITIONS.—In this section:
19 (1) ELIGIBLE ENTITY.—The term "eligible enti-
20 ty" means a State, county, local, or tribal health or
21 child welfare agency, a private nonprofit organiza-
22 tion, a research organization, a treatment service
23 provider, an institution of higher education (as de-
24 fined under section 101 of the Higher Education Act

1 of 1965 (20 U.S.C. 1001)), or another entity speci-
2 fied by the Secretary.
3 (2) FAMILY-FOCUSED RESIDENTIAL TREAT-
4 MENT PROGRAM.—The term ''family-focused resi-
5 dential treatment program'' means a trauma-in-
6 formed residential program primarily for substance
7 use disorder treatment for pregnant and postpartum
8 women and parents and guardians that allows chil-
9 dren to reside with such women or their parents or
10 guardians during treatment to the extent appro-
11 priate and applicable.
12 (3) SECRETARY.—The term ''Secretary'' means
13 the Secretary of Health and Human Services.
14 (b) SUPPORT FOR THE DEVELOPMENT OF EVI-
15 DENCE-BASED FAMILY-FOCUSED RESIDENTIAL TREAT-
16 MENT PROGRAMS.—
17 (1) AUTHORITY TO AWARD GRANTS.—The Sec-
18 retary shall award grants to eligible entities for pur-
19 poses of developing, enhancing, or evaluating family-
20 focused residential treatment programs to increase
21 the availability of such programs that meet the re-
22 quirements for promising, supported, or well-sup-
23 ported practices specified in section 471(e)(4)(C) of
24 the Social Security Act (42 U.S.C. 671(e)(4)(C)))
25 (as added by the Family First Prevention Services

1 Act enacted under title VII of division E of Public
2 Law 115–123).
3 (2) EVALUATION REQUIREMENT.—The Sec-
4 retary shall require any evaluation of a family-fo-
5 cused residential treatment program by an eligible
6 entity that uses funds awarded under this section for
7 all or part of the costs of the evaluation be designed
8 to assist in the determination of whether the pro-
9 gram may qualify as a promising, supported, or well-
10 supported practice in accordance with the require-
11 ments of such section 471(e)(4)(C).
12 (c) AUTHORIZATION OF APPROPRIATIONS.—There
13 are authorized to be appropriated to the Secretary to carry
14 out this section, $20,000,000 for fiscal year 2019, which
15 shall remain available through fiscal year 2023.

Calendar No. 484

115TH CONGRESS
2D SESSION

S. 3120

[Report No. 115–284]

A BILL

To amend titles XVIII and XIX of the Social Security Act to help end addictions and lessen substance abuse disorders, and for other purposes.

JUNE 25, 2018

Read twice and placed on the calendar