Chart: Implementation Status of Key Provisions of the SUPPORT for Patients and Communities Act

October 24, 2019

The following chart provides a section-by-section update on the implementation status of the various health-related provisions of the major federal legislative package addressing the opioid epidemic – titled the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (H.R. 6) – upon the one year anniversary of its passage into law on October 24, 2018.

Provision	Description	Implementation Status
Title I – Medicaid Provisions to Address the Opioid Crisis		
Sec. 1001	Requires state Medicaid programs to suspend, rather than terminate, Medicaid eligibility for juveniles who are inmates of public institutions while they are incarcerated. Once released the state must restore coverage without requiring a new application process.	Applies to the eligibility of juveniles who become inmates of public institutions on or after October 24, 2019. If legislation is required to alter the state plan, such state will not be considered noncompliant before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature following enactment of the SUPPORT Act.
Sec. 1002	Where it was previously optional, this section requires states to ensure that former foster youth are able to keep their Medicaid coverage across state lines until the age of 26; Requires HHS to issue guidance within one year of enactment regarding best practices to enroll former foster youth in coverage.	Required by calendar year (CY) 2023 for individuals attaining the age of 18 that year. HHS has not yet issued updated guidance to states; however, previous guidance outlining the optional 1115 waiver design was issued in Nov. 2016.
Sec. 1003	Directed CMS, SAMHSA and AHRQ, within six months, to establish a 54-month demonstration project to increase provider treatment capacity for substance-use disorders. The demonstration would commence with 18-month planning grants awarded to at least ten states, with five states then selected to establish 36-month demonstrations under which they receive an enhanced federal matching rate.	The application period for phase 1 planning grants, totaling $48.5M, was open through August 9, 2019 and 15 state awardees were selected in September: AL, CT, DE, DC, IL, IN, KY, ME, MI, NV, NM, RI, WA, VA, and WV. The performance period for the 18-month planning grants will run through March 2021.
Sec. 1004	Directs state Medicaid programs to establish drug-review and utilization requirements (DUR), with "safety edits" in place for opioid refills, monitoring of concurrent prescribing of opioids and certain other drugs, and monitoring of antipsychotic prescribing to children, and certain requirements for Medicaid managed care organizations (MCOs).	CMS issued an informational bulletin for states on August 5, 2019 concerning the implementation of the new Medicaid DUR provisions at Section 1004. States are required to submit a state plan amendment (SPA) to CMS for the approval of the implementation of the DUR requirements no later than December 31, 2019.
Sec. 1005	Requires HHS, within one year, to issue best practices, recommendations, and guidance to improve care for infants with neonatal abstinence syndrome (NAS) and their families. Requires the Government Accountability Office (GAO) to conduct a study on gaps in Medicaid coverage for pregnant and postpartum women with substance use disorder.	No new guidance has been issued since enactment; however, an informational bulletin issued in June 2018 addressed the role of Medicaid in the treatment of infants with NAS. GAO has not released a study.

Provision	Description	Implementation Status
Sec. 1006	Extends the enhanced federal matching rate for expenditures regarding substance-use disorder (SUD) health-home services under Medicaid from eight quarters to 10 quarters; Also temporarily requires coverage of medication-assisted treatment under Medicaid.	CMS issued an informational bulletin to states on May 7, 2019 providing guidance on implementing this state option.
Sec. 1007	Allows state Medicaid programs to cover residential pediatric recovery center services for infants with neonatal abstinence syndrome and clarifies those centers' option to provide counseling or other services to mothers or caretakers provided those services are otherwise covered.	CMS issued an informational bulletin on July 26, 2019 on implementation of this state option.
Sec. 1008	Directs GAO, within two years, to study and submit a report to Congress on how Medicaid covers peer support services, including: the types of services provided; payment models; states' experiences providing peer support services; and how states measure the extent to which peer support services improve costs and outcomes for beneficiaries.	Pending; Due by October 24, 2020.
Sec. 1009	Directs CMS, within one year, to issue guidance to states on options for providing services via telehealth that address SUDs, including options for reimbursement for services addressing high-risk individuals, provider education through a hub-and-spoke model, and options for providing telehealth services to students in school-based health centers. Directs GAO, within one year, to evaluate children's access to Medicaid services to treat SUDs, including options to improve access through telehealth. Directs CMS to issue a report, within one year, to Congress identifying best practices and potential solutions to barriers to furnishing services to children via telehealth to compare services delivered via telehealth to in-person.	Each appears to be pending; Due by October 24, 2019. However, CMS and SAMHSA issued a joint informational bulletin in July 2019 that provides guidance to states and school systems on addressing mental health and substance use issues in schools, which addresses similar topics.
Sec. 1010	Directed CMS, by Jan. 1, 2019, to issue updated guidance on state options for non-opioid treatment and management of pain, including through evidence-based, non-opioid pharmacological therapies and non-pharmacological therapies.	CMS issued an informational bulletin on Feb. 22, 2019, expanding on earlier guidance, and describing Medicaid authorities that states may use for coverage of non-opioid pharmacologic and non-pharmacologic pain management therapies.
Sec. 1011	Directs GAO, within 15 months, to conduct a study and issue a report to Congress on the barriers to accessing SUD treatment medications under various drug distribution models, such as buy-and-bill. GAO shall include recommendations on state options, legislative solutions, and regulatory actions to reduce or remove such barriers.	Pending; Due by February 2020.
Sec. 1012	Creates a new limited exception to the Medicaid institution for mental diseases (IMD) exclusion for certain pregnant and postpartum women undergoing SUD treatment, such that they may continue to receive care otherwise coverable under Medicaid (such as prenatal services) while in the IMD setting.	This provision was effective upon enactment. CMS issued an informational bulletin on July 26, 2019 encouraging all states to implement this provision as quickly as possible.
Sec. 1013	Clarifies that states may pay capitation rates to managed care plans for enrollees receiving treatment in an IMD.	Effective upon enactment.

Provision	Description	Implementation Status
Sec. 1014	Directs the Medicaid and CHIP Payment and Access Commission (MACPAC), within one year, to conduct a study on utilization management controls applied to medication-assisted treatment (MAT) options in both fee-for-service and managed care Medicaid programs.	After convening two public meeting sessions on the topic in Jan. 2019 and once April 2019, MACPAC issued the final report on the one-year anniversary, Oct. 24, 2019.
Sec. 1015	Requires HHS to publish, within one year, a data book for each state detailing statistics on the prevalence and treatment of SUDs among Medicaid beneficiaries in both FFS and managed care. Data will be derived from the Transformed Medicaid Statistical Information System (T-MSIS).	Pending; Due by October 24, 2019. However, in March, MACPAC published a public letter fulfilling the requirement that it define and recommend the major Medicaid enrollment categories for purposes of the report. Some relevant figures are available here.
Sec. 1016	Clarifies that state Medicaid agencies, to the extent permitted under state law, may also access prescription drug monitoring programs (PDMPs), facilitate access to PDMPs for Medicaid providers and managed care entities, and share accessed information with such providers and entities.	Effective upon enactment.
Sec. 1017	Directs HHS, within one year, to issue a report on innovative state initiatives and covered housing-related services that state Medicaid programs may use to provide supports to Medicaid enrollees with SUDs who are experiencing homelessness or are at risk of homelessness.	Pending; Due by Oct. 24, 2019.
Sec. 1018	Required HHS, within 180 days, to provide technical assistance and support to states regarding the development and expansion of innovative state strategies (including through demonstration projects) to provide housing-related supports and services and care coordination services under Medicaid to individuals with SUD.	HHS published a Report to the President and Congress in July 2019 fulfilling this requirement and alluding to the forthcoming report called for in Sec. 1017.
Title II – Medicare Provisions to Address the Opioid Crisis		
Sec. 2001	Expands the use of telehealth services for the treatment of SUDs and co-occurring mental health disorders by exempting such telehealth services, furnished on or after July 1, 2019, from geographic and "originating site" restrictions under Medicare (e.g., telehealth services can be furnished in a beneficiary's home). Requires HHS to deliver a report to Congress on the impact of this provision on the utilization of health care services related to SUDs, including emergency department visits, and related health outcomes, such as opioid overdose deaths	CMS implemented this provision under the CY 2019 Medicare Physician Fee Schedule (PFS) final rule (WHG summary). Additionally, through the CY 2020 Medicare PFS proposed rule, CMS proposes the addition of three new HCPCS codes (GYYY1, GYYY2, GYYY3) representing payments for treating SUD via telehealth (WHG summary). Pending; Due by Oct. 24, 2023.
Sec. 2002	Requires initial and subsequent annual wellness visits (AWVs) to include a review of any current opioid prescriptions, beginning Jan. 1, 2020. This entails a review of the potential risk factors to the individual for opioid use disorder; an evaluation of the individual's severity of pain and current treatment plan; the provision of information on non-opioid treatment options; and a referral to a specialist, as appropriate.	Applies to AWVs furnished on or after Jan. 1, 2020. Prior to enactment of the SUPPORT Act, CMS issued a Medicare Learning Network (MLN) Matters in August 2018, emphasizing that the review of opioid use is a routine component of the review of the beneficiary medical and family history.

Sec. 2003	Requires prescriptions for controlled substances that are covered drugs under Medicare Part D or a Medicare Advantage (MA) prescription drug plan to be transmitted by a health care practitioner through an electronic prescription drug program, except in certain circumstances determined through rulemaking.	Applies to coverage of drugs prescribed on or after Jan. 1, 2021.
Sec. 2004	Requires Medicare prescription drug plan sponsors to establish a drug management program (DMP) for at-risk beneficiaries for plan years beginning on or after Jan. 1, 2022.	Applies to plan years beginning on or after January 1, 2022. As required by the Comprehensive Addiction and Recovery Act (CARA), in April 2018, CMS issued a final rule establishing a framework under which Part D plan sponsors may establish a DMP for at-risk beneficiaries. On November 2018, CMS issued a memo to provide further DMP guidance for Part D sponsors and noted the recent requirement regarding DMPs in the SUPPORT Act.
Sec. 2005	Requires coverage for certain services provided by certified opioid treatment programs (OTPs) under Medicare.	Through the CY 2020 Medicare PFS proposed rule, CMS proposes that OTP services include medication-assisted treatment, the dispensing and administration of such medication, substance abuse counseling, individual and group therapy, and toxicology testing, as required by statute (WHG summary). Additional information for OTPs interested in participating in Medicare is available here and here.
Sec. 2006	Directs the HHS Secretary to notify PDP sponsors about Part D eligible individuals with a history of an opioid-related overdose, so that such individuals are included as potentially at-risk beneficiaries for prescription drug abuse under the DMP, beginning Jan. 1, 2021.	Applies to plan years beginning not later than Jan. 1, 2021. Related guidance will likely be made available on the webpage – Improving Drug Utilization Review Controls in Part D.
Sec. 2008	Authorizes the suspension of payments to a pharmacy by Medicare prescription drug plans and MA prescription drug plans pending the investigation of a credible allegation of fraud by the pharmacy, beginning on or after Jan. 1, 2020.	Applies to plan years beginning on or after Jan. 1, 2020.
Title III – FDA and Controlled Substances Provisions		
Sec. 3001	Requires the Food and Drug Administration (FDA) to issue guidance on addressing the challenges and barriers of developing non-addictive products for treating pain, and to host a public meeting to discuss said guidance.	Draft guidance was released on June 20, 2019 (WHG summary). Public meeting to discuss the guidance took place on Sept. 17, 2019.
Sec. 3002	Requires the FDA to issue guidance, within one year, describing guidelines for evidence-based prescribing of opioid analgesics for the indication-specific treatment of acute pain.	Pending; Due by Oct. 24, 2019.
Sec. 3012, 3013, 3014	Authorizes HHS to require manufacturers, importers, distributors, or pharmacists to discontinue distributing a controlled substance if it is found to cause serious negative health effects. Also requires the FDA and U.S. Customs and Border Control (CBP) to coordinate on detecting and responding to controlled substances entering into the U.S. illegally.	FDA and CBP signed an agreement on April 4, 2019 to improve inspection and detection of illicit drugs entering the U.S. through international mail facilities.

Sec. 3032 and 3041	Authorizes the FDA to require packaging for certain opioids that allow for a set treatment duration, for example, blister packaging that provides a limited supply of the opioid.	On May, 31, 2019, FDA released an RFI seeking input on requiring fixed-quantity blister packaging for outpatient dispensing of certain opioids.
Sec. 3201	Increases the number of waivered health care providers that are able to prescribe and dispense medication-assisted treatment (MAT) for specific types of health care providers, including clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists.	Effective upon enactment.
Sec. 3202	Allows physicians who have recently graduated from an accredited school of allopathic or osteopathic medicine to obtain a waiver to prescribe MAT.	Effective upon enactment.
Sec. 3203	Authorizes HHS to award grants to accredited schools of allopathic or osteopathic medicine and teaching hospitals in the U.S. to support the development of curricula on treating patients who are dependent on opioids.	The first year grant application period closed on March 25, 2019, and grants were awarded on August 1, 2019. The list of award recipients is available here.
Sec. 3204	Allows implantable or injectable controlled substances that facilitate detoxification treatment to be delivered by a pharmacy to an administering practitioner.	Effective upon enactment.
Sec. 3212	Requires HHS within one year, in consultation with the DEA, FDA, and SAMHSA, to develop training materials for pharmacists, providers, and patients on circumstances in which pharmacists may decline to fill a prescription for a controlled substance if the prescription appears fraudulent, forged, or otherwise suspicious.	Pending; Due by Oct. 24, 2019.
Sec. 3222	Authorizes qualified hospice employees to safely dispose of unused controlled substances at risk of diversion or misuse when the medications are no longer needed.	Effective upon enactment. DEA may issue guidance for hospices at a later date if necessary.
Sec. 3223	Requires the GAO to develop a report on hospice policies for managing and disposing of controlled substances in the home of an individual.	Report pending; Due by April 24, 2020.
Sec. 3232	Requires the Attorney General, within one year, to issue a special registration to health care providers to prescribe controlled substances via telehealth in cases of emergency.	The proposed rule was expected to be released in August 2019, though is still pending. Statutory deadline for the final rule is October 24, 2019, though it appears this will be delayed.
Sec. 3241	Adds new factors that may be considered as evidence to determine whether a controlled substance analogue is intended for human consumption.	Effective upon enactment.
Sec. 3251-3260	Directs the Attorney General to award grants to five states to increase the number of entities authorized to collect controlled substances.	The grant period appears to have ended on June 5, 2019, though public information on the grantmaking status does not appear to be available.
Sec. 3272	Directs the DEA to increase transparency in the use of Automated Reports and Consolidated Ordering System (ARCOS) data to supply manufacturers and distributors with access to information that will help stop suspicious orders of opioids.	DEA is now releasing this data, see here.

Sec. 3282	Establishes mandatory factors for the DEA to consider when setting annual opioid quotas, including diversion, abuse, overdose deaths, and public health impacts.	DEA proposed quota reductions for five controlled substances based on these statutory changes in a proposed rule on Sept. 11, 2019.
Sec. 3292	Requires the development of systems to identify and report suspicious orders of opioids, and also requires the DEA to develop a database that collects all information on the reported suspicious orders.	Proposed rule was expected in August 2019, but remains pending.
Title IV - Offsets		
Sec. 4001	Incentivizes states to adopt a medical loss ratio (MLR) of 85 percent for Medicaid managed care (MCO) plans by allowing them, for a period of time, to keep a larger share of the remittances collected that goes to the Federal government. Specifically, states may keep the difference between the regular federal medical assistance percentage (FMAP) and the enhanced FMAP.	Effective for states that establish 85 percent MLR voluntarily after FY 2020 and before FY 2024.
Sec. 4002	Extends mandatory reporting requirements for group health plans to report prescription drug coverage information beginning Jan. 1, 2020	CMS posted webinar materials on group health plan mandatory reporting under the SUPPORT Act on April 18, 2019.
Sec. 4003	Amends the Internal Revenue Code to expand the religious conscious exemption of the Affordable Care Act (ACA) to exempt individuals who rely on a religious method of healing from purchasing minimum essential health care coverage. This does not include certain services or preempt any State law requiring the medical treatment for children.	Applies to taxable years beginning after Dec. 31, 2018. HHS codified the expansion of this exemption, and provided clarification for State Exchanges under the final rule titled, Protecting Statutory Conscience Rights in Health Care, published in June 2019.
Sec. 4004	Expands the Patient Right to Know Drug Prices Act and Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) to set reporting requirements for certain agreements between brand drug, generic drug, and biosimilar product manufacturers to the Federal Trade Commission (FTC) and Department of Justice (DOJ).	Effective June 17, 2019, parties may now file electronic copies of all agreements by email to the FTC and the DOJ with more instructions here.
Title V – Other Medicaid Provisions		
Sec. 5001	Requires state Medicaid programs to report on the behavioral health measures that are included in CMS' Core Set of Adult Health Care Quality Measures for Medicaid.	Required beginning with state reports for the year 2024.
Sec. 5012	Directs MACPAC to conduct a study on requirements and standards that state programs have for IMDs that receive Medicaid reimbursement. Instructs MACPAC to summarize findings and if appropriate, make recommendations to Congress on improvements, best practices and data collection.	Pending; Due no later than Jan. 1, 2020. MACPAC held a session at its Sept. 2019 public meeting to review its study design and preview a five-chapter draft report, including key findings. This was informed by a call for stakeholder comments in April 2019.
Sec. 5022	Requires state Children's Health Insurance Programs (CHIP) to cover mental health benefits, including SUD services for eligible pregnant women and children. In addition, states would not be allowed to impose financial or utilization limits on mental health treatment that are lower than limits placed on physical health treatment.	Effective one year after enactment, on Oct. 24, 2019. If state legislation is required to alter the respective state plan or waiver, such state shall not be regarded as failing to comply with the requirements before the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the enactment of this section.

Sec. 5032	Requires HHS to convene a stakeholder group to produce a report of best practices for states to consider in health care related transitions for inmates of public institutions. Calls for, within one year, HHS to issue a State Medicaid Director letter on best practices to design Sec. 1115 demonstration projects to improve care transitions for individuals soon-to-be former inmates of a public institution.	Pending; Due by Oct. 24, 2019.
Sec. 5042	Requires, within three years, Medicaid providers to check relevant prescription drug monitoring programs (PDMPs) before prescribing a Schedule II controlled substance; to integrate PDMP usage into clinical workflow; and establishes standard criteria that a PDMP must meet to be counted as a qualified PDMP.	Required beginning Oct. 1, 2021. CMS issued a set of frequently asked questions providing guidance to states on implementation of this provision.
Sec. 5052	Provides state Medicaid programs with the option to receive federal reimbursement through a temporary state plan amendment for up to 30 days of care in an IMDs for Medicaid beneficiaries aged 21 to 64 with an SUD for fiscal years 2019 to 2023, as an alternative to pursuing an 1115 waiver.	Available to states, at their option, beginning October 1, 2019, and ending September 30, 2023.
Sec. 5061	Authorizes $31M in the Medicaid Improvement Fund, available to the Secretary to improve the management of the Medicaid program, including oversight of contracts and contractors and evaluation of demonstration projects.	Effective upon enactment.
Title VI – Other Medicare Provisions		
Sec. 6001	Authorizes the Center for Medicare and Medicaid Innovation (CMMI) to test models to provide incentive payments to behavioral health providers for adopting electronic health records technology to improve the quality and coordination of care.	CMMI has not yet announced this type of model.
Sec. 6012	Requires HHS, within one year, to conduct a study and deliver a report to Congress on the adequacy of abuse-deterrent opioid formulations for individuals with chronic pain enrolled in an MA-PD plan or a Part D plan (PDP) and their effectiveness in preventing opioid abuse or misuse.	Pending; Due by Oct. 24, 2019.
Sec. 6021	Requires CMS to include in the notice on Medicare benefits references to educational resources regarding opioid use and pain management, a description of covered alternative, non-opioid pain management treatments, and a suggestion for the beneficiary to talk to a physician regarding opioid use and pain management.	Applies to notices distributed prior to each Medicare open enrollment period beginning after Jan, 1, 2019. The Medicare & You handbook (2020) discusses the required information on p. 80.

Sec. 6032	Requires HHS, in collaboration with the Pain Management Best Practices Inter-Agency Task Force (PMTF), to develop an action plan to provide recommendations on changes to the Medicare and Medicaid programs to enhance the treatment and prevention of opioid addiction, including coverage and payment policies related to MAT and medical devices for non-opioid based treatments. Requires HHS to deliver a report to Congress on recommendations under the action plan; the Secretary's next steps regarding the action plan; and an evaluation of price trends for drugs used to reverse opioid overdoses (e.g., naloxone), including ways to lower such prices for consumers (due: June 1, 2020).	CMS issued a Request for Information seeking feedback on ways the agency can address the opioid crisis through the development of the Action Plan. Comments were due on October 11, 2019. On June 26, 2019, CMS convened a public meeting with the PMTF to discuss the recommendations in the PMTF's Final Report, published on May 9, 2019, related to Medicare and Medicaid policies and the development of the Action Plan (meeting summary).
Sec. 6042	Directs HHS to implement a four-year demonstration program to increase beneficiary access to opioid use disorder treatment services, improve physical and mental health outcomes, and reduce Medicare expenditures by January 1, 2021. Requires HHS to deliver a report to Congress on evaluation of the program.	Pending; Due by Jan. 1, 2021. Intermediate evaluation due three years after implementation of the demo; Final evaluation due six years after implementation.
Sec. 6052	Directs CMS to award grants, contracts, or cooperative agreements to qualifying organizations in order to support efforts to curb outlier prescribers of opioids under the Medicare prescription drug benefit and MA prescription drug plans.	Grant program not yet established.
Sec. 6062	Requires electronic prescription drug programs to be able to securely transmit prior authorization requests from the prescribing health care professional for covered drugs to the PDP sponsor or MA-PDs by January 1, 2021.	Through a proposed rule issued on June 19, 2019, CMS proposes requiring all PDP sponsors and MA-PDs to apply the National Council for Prescription Drug Plans (NCPDP) SCRIPT standard version 2017071 to their electronic prior authorization programs. Public comments were due August 16, 2019. If finalized, these changes would go into effect on January 1, 2021 (WHG summary).
Sec. 6063	Requires HHS to establish a secure online portal to carry out the following program integrity activities – referral by PDPs and MA-PDs of substantiated fraud, waste, and abuse; and data sharing among PDPs, MA-PDs, and the HHS Secretary – by October 24, 2020. Directs the HHS Secretary to specify what constitutes substantiated or suspicious activities of fraud, waste, and abuse through rulemaking. Requires HHS to make available to PDPs and MA-PDs quarterly reports of anonymized information submitted to the online portal by October 24, 2020. Requires HHS, in consultation with stakeholders, to establish a process under which PDPs and MA-PDs shall submit corrective actions against opioids over-prescribers by January 1, 2021.	Pending; Online portal not yet established.

Sec. 6064	Expands eligibility for medication therapy management programs under Part D to include at-risk beneficiaries for prescription drug abuse, beginning January 1, 2021.	Expanded eligibility criteria will go into effect on Jan. 1, 2021. Additional informational will likely be available here.
Sec. 6065	Requires HHS to identify outlier prescribers of opioids under PDPs and MA-PDs, based on specialty and geographic area, and annually notify such prescribers of their status by Jan. 1, 2021. Excludes from the analysis claims for covered drugs for hospice care and oncology services as well as prescribers under investigation by CMS or HHS OIG. Requires HHS to make aggregate information regarding outlier prescribers publicly available on the CMS website. Authorizes the HHS Secretary to modify the frequency of notifications beginning Oct. 24, 2023 and to expand notifications to include other prescriptions of covered drugs used in combination with opioids that are considered to have adverse side effects when used is such combination.	CMS is in the early stages of implementing this provision. On September 17, 2019, CMS convened a listening session to collect feedback on the methodology to establish outlier prescriber thresholds and other topics. The presenters did not specify a timeline for next steps.
Sec. 6072	Directed the Medicare Payment Advisory Commission (MedPAC), by March 15, 2019, to submit a report to Congress on Medicare payment for pain management treatments in both inpatient and outpatient hospital settings; current incentives for prescribing opioids and non-opioid treatments; and how opioids are tracked and monitored through Medicare claims.	In its March 2019 Report to Congress (full report; fact sheet), MedPAC published the mandated report in Ch. 16 beginning on p. 479. Among the key findings, MedPAC concludes that there are no clear financial incentives within Medicare's IPPS or OPPS to discriminate against non-opioid medications, but notes that other factors may impact clinicians' choices and the study is not intended to be an assessment of the clinical appropriateness of the use of opioids versus non-opioid alternatives (WHG summary).
Sec. 6082	Requires HHS to review payment under Medicare for opioid and evidence-based non-opioid alternatives for pain management to ensure there are no financial incentives to use opioids instead of non-opioid alternatives. Requires the Secretary to revise payments, as necessary, for services furnished on or after January 1, 2020.	CMS released findings of their evaluation in the CY 2020 hospital outpatient prospective payment system (OPPS) proposed rule. Comments were due September 27, 2019. CMS did not find evidence indicating that the OPPS packaging policy has discouraged the use of non-opioid treatments for postsurgical pain management in the hospital outpatient department. Therefore, no policy changes will be made for plan year 2020.
Sec. 6083	Authorizes HHS to pay training costs of qualified physicians or practitioners at federally qualified health centers and rural health clinics to obtain DATA 2000 waivers and be certified to dispense or prescribe MAT (e.g., buprenorphine), beginning on or after Jan. 1, 2019.	The following appropriations were made available until expended to pay for training costs – $6M for FQHCs and $2M for rural health clinics.
Sec. 6084	Requires HHS, within two years, to deliver a report to Congress on the availability of supplemental health care benefits designed to treat or prevent SUDs under MA plans.	Pending; Due by October 24, 2020.
Sec. 6085	Authorizes CMMI to test models to help individuals learn about the availability of psychologist services under Medicare, as well as to explore the use of a 24/7 behavioral health helpline to prevent unnecessary hospitalizations or emergency department visits for mental and behavioral health services. Directs GAO to conduct a study and deliver a report to Congress on mental and behavioral health services under Medicare, including information about services	CMMI has not yet announced this type of model.

Sec. 6085 cont.	furnished by psychiatrists, clinical psychologists, and other professionals as well as information about ways beneficiaries learn about Medicare coverage of mental and behavioral health services.	Pending; Due by April 24, 2020.
Sec. 6086	Directs HHS, within one year, to conduct a study analyzing best practices as well as payment and coverage under Medicare for pain management services and deliver a report to Congress containing options for revising payment to providers and suppliers of services and coverage related to the use of multi-disciplinary, evidence-based, non-opioid treatments for acute and chronic pain management for Medicare beneficiaries.	Pending; Due by October 24, 2019.
Sec. 6092	Required CMS, by July 1, 2019, to publish guidance for hospitals on pain management strategies and opioid use disorder prevent strategies.	CMS has not yet released the required guidance. However, on August 19, 2019, CMS issued an MLN (Medicare Learning Network) Matters Article titled, "Medicare Coverable Services for Integrative and Non-pharmacological Chronic Pain Management." The article summarizes non-opioid treatment options to consider when training Medicare beneficiaries with chronic pain.
Sec. 6093	Requires HHS to establish a technical expert panel (TEP) to review quality measures relating to opioids and opioid use disorders by April 22, 2019. Requires the TEP to review quality measures relating to opioids and opioid use disorders, identify related gaps in areas of quality measurement, and make recommendations to the Secretary on quality measures to improve care, prevention, diagnosis, health outcomes, and treatment no later than one year after the panel is established. Requires the HHS Secretary to consider using quality measures under the Merit-Based Incentive Payment System, alternative payment models, the shared savings program, and the hospital value-based purchasing program. Requires the HHS Secretary to prioritize endorsement of quality measures relating to opioids and opioid use disorders during the period beginning on the date of enactment and ending on Dec. 31, 2023. Prioritization of measure endorsement is allowed but not required beginning Jan. 1, 2024.	HHS has not yet established the technical expert panel. Information will be available here.
Sec. 6094	Requires HHS to establish a TEP to provide recommendations on reducing opioid use in the inpatient and outpatient surgical settings and on best practices for pain management by April 24, 2019. Requires HHS to deliver a report to Congress with recommendations and an action plan to implement pain management protocols that limit the use of opioids in the perioperative setting and upon discharge from such setting, and containing the diagnosis-related group codes identified as having the highest volume of surgeries, and opioid use following such surgeries.	HHS has not yet established the technical expert panel. Information will be available here. Report due by statutory deadline of October 24, 2019.

Sec. 6095	Requires CMS to post and periodically update opioid prescribing guidance by April 22, 2019 (180 days after enactment).	CMS references CDC's opioid prescribing guidelines in its resources to reduce opioid misuse. CMS appears to not have released their own guidance.
Sec. 6102	Requires Medicare PDPs and MA-PDs to annually disclose information to enrollees about risks associated with opioids and coverage of nonpharmacological therapies and nonopioid medications or devices to treat pain.	Effective in plan year 2021.
Sec. 6103	Requires Medicare PDPs and MA-PDs who furnish in-home health risk assessments to include information on safe disposal of prescriptions that are controlled substances and meet criteria established by the HHS Secretary, beginning on or after January 1, 2021.	HHS Secretary has not yet established criteria for prescription drugs through rulemaking.
Sec. 6104	Prohibits the inclusion of pain management questions in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, conducted on or after January 1, 2020. Prohibits the inclusion of measures, based on these questions in the 2018 or 2019 HCAHPS survey, in the Hospital Compare website and the Hospital Value-based Purchasing Program.	In October 2019, CMS removed the pain managements questions from HCAHPS, as noted in this fact sheet.
Sec. 6111	Expands Medicaid and Medicare reporting requirements related to the transparency of physician ownership or investment interests by including additional health care practitioners (e.g., physician assistants and nurses) in such requirements.	Effective by statutory deadline of Jan. 1, 2022.
Title VII – Public Health Provisions		
Sec. 7001	Requires HHS and the Surgeon General, within three years, to report on the health effects of new psychoactive substances, including synthetic drugs, used by adolescents and children. The report should be submitted the House Energy and Commerce Committee and the Senate HELP Committee.	Pending; Due by Oct. 24, 2021.
Sec. 7002	Reauthorizes through FY 2023 and revises the SAMHSA grant program for first responders regarding opioid overdose treatment. The bill includes safety training for handling of fentanyl as a component of the grant program.	SAMHSA issued a funding opportunity announcement (FOA) which closed on May 6, 2019 for the First Responders-Comprehensive Addiction and Recovery Act program.
Sec. 7011	Directs HHS to establish a grant program to improve coordination between public health laboratories and laboratories operated by law enforcement agencies, such as Customs and Border Protection and the DEA, regarding synthetic opioid detection.	Grant program has not been established.
Sec. 7021	Directs HHS to establish a public information dashboard that coordinates programs related to opioid-abuse reduction, allows data sharing between different programs and regions of the country, and provides information on alternatives to controlled substances for pain management.	The information dashboard has not been established. The bill intended for the dashboard to be established no later than 6 months after passage. E&C Republicans recently pressed HHS on the implementation status of this provision.

Sec. 7022	Requires HHS to establish an Interdepartmental Substance Use Disorders Coordinating Committee, no later than 3 months after enactment.	The Committee is currently soliciting members. A notice was issued May 14, 2019 for member nominations.
Sec. 7023	HHS must develop National Milestones to measure progress in reducing the opioid crisis over a five-year period based on certain metrics.	HHS has not developed National Milestones that were required 180 after the date of enactment. In August 2019, Senator Markey asked HHS to provide an implementation update on this provision.
Sec. 7024	Requires HHS and the Attorney General to report on the impact of Federal and State laws and regulations that limit the length, quality, or dosage of opioid prescriptions. The report should be submitted the House Energy and Commerce Committee and the Senate HELP Committee.	Pending; Due by Oct. 24, 2020.
Sec. 7031	Requires SAMHSA to develop best practices for operating recovery housing and defines recovery housing as shared living environments free from alcohol and illegal drug use and centered on peer support and connection to services that promote recovery from substance-use disorders.	SAMHSA issued Recovery Housing: Best Practices and Suggested Guidelines in October 2019.
Sec. 7041	Expands the National Institutes of Health's (NIH) unique research initiatives to include cutting-edge research that fosters scientific creativity leading to the prevention diagnosis, and treatment of diseases and disorder or research to respond to a public health threat.	Effective upon enactment.
Sec. 7042	Requires the Interagency Pain Research Coordinating Committee to expand scope to identify risk factors and early warning signs of substance use disorders and summarize recent advances in pain research.	Effective upon enactment.
Sec. 7051, 7052, 7053	Incorporates provisions of Jessie's Law and directs HHS to develop best practices for health care providers and state agencies regarding the display of a patient's history of opioid addiction in the patient's medical records. Requires CMS and HRSA to notify annually health care providers about health information that may be disclosed under federal privacy laws to families, caregivers, and health care providers during emergencies, including overdoses. Directs HHS to identify model programs and materials to train and educate providers, patients, and families regarding the use of patient records.	On August 22, 2019, SAMHSA issued a proposed rule that would modify confidentiality requirements for SUD patient records to improve care coordination, and incorporating these provisions.
Sec. 7061 and 7062	Requires HHS to issue several reports relating to pregnant and postpartum women with SUDs, including non-opioid pain management practices, and a report on the implementation of the Protecting Our Infants Act of 2015. Reauthorizes the Residential Treatment for Pregnant and Postpartum Women grant program.	Report due 18 months after enactment. On January 17, 2019, SAMHSA published a status report on the Protecting Our Infants Act implementation plan. SAMHSA has not yet requested new applications of the Residential Treatment for Pregnant and Postpartum Women grant program.
Sec. 7063	Requires SAMHSA to develop educational materials for clinicians to use with pregnant women regarding pain management during pregnancy and requires the implementation of the recommendations made in the "Protecting Our Infants Act: Final Strategy" report.	SAMHSA has issued guidance titled, "Parenting Women with Opioid Use Disorder and Their Infants."

Sec. 7064	Authorizes the CDC to collect data and analyses on neonatal abstinence syndrome (NAS) and other outcomes relates to prenatal substance abuse.	The CDC published a report on the Evaluation of State-Mandated Reporting of NAS in January 2019, but has not yet published their own analysis of NAS.
Sec. 7065	Directs HHS to establish a grant program that supports the care of infants who are exposed to SUDs, including providing states with technical assistance and guidance for plans of safe care assurance.	The National Centers on Substance Abuse and Child Welfare published, "On the Ground: How States are Addressing Plans of Safe Care for Infants with Prenatal Substance Exposure and Their Families in 2019." However, a grant program has not been established.
Sec. 7071	Creates a six-year loan repayment program for individuals who complete a period of service in an SUD treatment job in a mental health professional shortage area or a county where the drug overdose death rate is higher than the national average.	HRSA established the National Health Service Corps (NHSC) Substance Use Disorder Workforce Loan Repayment program.
Sec. 7072	Allows mental and behavioral health providers that participate in the National Health Service Corps to provide services at schools or other community-based settings located in health professional shortage areas.	Effective upon enactment.
Sec. 7073	Reauthorizes through FY 2023 and revises a grant program regarding pain care training for health care professionals. Requires information about opioid misuse and nonaddictive treatments to be incorporated into the grant program.	The Centers of Excellence in Pain Education (CoEPEs) assist in the development of pain management curriculum for health care professionals, but the grant program has not been revised since the bill passed.
Sec. 7081	Directs HHS to establish a grant program to implement best practices for discharging overdose patients including emergency treatment and the use of recovery coaches.	Grant program has not been established.
Sec. 7091	Requires HHS to establish a demonstration program to test alternative pain management protocols within hospitals and emergency departments to limit the use of opioids.	Demonstration program has not been established.
Sec. 7101	Requires SAMHSA to designate Regional Centers of Excellence in Substance Use Disorder Education. Such centers must improve substance-use disorder training through the distribution of evidence-based resources for health care professional schools.	The Regional Centers of Excellence in Substance Use Disorder Education have not been established. SAMHSA did issue an FOA for the Expansion of Practitioner Education to expand the integration of SUD education into standard health services education, in June 2019.
Sec. 7102	Requires HHS, in conjunction with the Secretary of Education, to disseminate best practices and award grants to support substance-use disorder prevention and treatment programs for children, adolescents, and young adults.	The Office of National Drug Control Policy, in conjunction with HHS and the Department of Education issued Substance Use Prevention: A Resource Guide for School Staff in January 2019. Additionally, in July 2019 CMS issued guidance to states and school systems on addressing mental health and substance use in schools. A grant program has not been established.
Sec. 7111	The National Mental Health and Substance Use Policy Laboratory within SAMHSA is directed to issue guidance for SAMHSA grant applicants in order to encourage funding of evidence-based practices and to help applicants properly articulate funding rationales.	The National Mental Health and Substance Use Policy Laboratory has not issued guidance to grant applicants.

Sec. 7121	Requires SAMHSA to award grants to establish or operate at least 10 comprehensive opioid recovery centers across the country. Such centers must conduct outreach and provide specified treatment and recovery services, including approved drug treatments (e.g., methadone), counseling, residential rehabilitation, and job-placement assistance.	SAMHSA has not established comprehensive opioid recovery centers.
Sec. 7131	CDC may support states in the collection and reporting of adverse childhood experiences (ACEs), particularly with respect to rural and tribal areas through existing public health surveys.	The CDC does collect information regarding adverse childhood experiences using existing surveys, but has not published a report specifically addressing substance use disorder, or established a grant program to help states collect this information.
Sec. 7132	Requires the establishment of the Interagency Task Force on Trauma-Informed Care to evaluate and mitigate the effects of trauma on infants, children, youth and their families and coordinate a federal response to families impacted by SUDs.	Membership to be decided 60 days after enactment and the first meeting 120 days after the date of enactment. Sens. Dick Durbin (D-IL) and Shelley Moore Capito (R-WV) sent a letter to Secretary Azar on May 1, 2019 urging HHS to implement the task force.
Sec. 7133	Increases authorization level for the National Child Traumatic Stress Initiative through 2023.	$63.9M was appropriated in FY 2019; $70.9M was proposed in the House FY 2020 Labor-HHS Appropriations bill.
Sec. 7134	The Secretary of Education, in conjunction with the Assistant Secretary of Mental Health and Substance Use, are directed to establish a grant program to assist state educational agencies (SEAs) increase student access to evidence-based trauma support services and mental health care through the developments of initiatives, activities, and programs that link schools to mental health systems.	The Department of Education issued a request for applications for the Trauma Recovery Demonstration Grant Program on July 5, 2019. Applications were due August 14, 2019.
Sec. 7135	Directs HHS to provide resources to early childhood care, education providers, and other professionals working with young children on ways to recognize and respond to children who may be affected by a family member's or other adult's substance abuse.	HHS has not issued guidance for the detection of trauma in children affected by substance use disorder.
Sec. 7141	Expands the CDC grant program for combating hepatitis C infections and other infections associated with illicit drug use such as HIV. The bill also includes Indian tribes in the program.	CDC has not expanded the grant program.
Sec. 7151	Requires SAMHSA to award grants to support recovery community organizations and modifies the Building Communities of Recovery program to include peer support networks and provide long-term recovery support services.	SAMHSA issued a funding opportunity announcement for the Building Communities of Recovery program, due April 2, 2019.
Sec. 7152	Requires HHS to establish a National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support for services related to substance use disorder.	SAMHSA has an existing Bringing Recovery Supports to Scale Technical Assistance Center (BRSS TACS) that utilizes peer supports, but no National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support has been established.
Sec. 7161	Directs the CDC to provide technical assistance and award grants in order to improve prescription drugs monitoring programs (PDMPs), promote new approaches for responding to emerging public health crises, and improve overdose data reporting.	Beginning in September 2019, the CDC began the Overdose Data to Action (OD2A) grant program.

Sec. 7162	Authorizes CDC support for the development of PDMPs and alters the requirements relating to PDMPs including data reporting, and intrastate interoperability.	No separate CDC grant program for PDMPs exists outside of the OD2A program.
Sec. 7171	Directs HHS to review entities that receive federal funds for SUD treatment services and produce a report to Congress, within two years, identifying the types of services provided, the populations served, and the adequacy of services.	Pending; Due by Oct. 24, 2020.
Sec. 7181	Reauthorizes state targeted response grants included in the 21st Century Cures Act to provide funding to tribes and allow greater flexibility for states in grant use.	The State Targeted Response (STR) grants were awarded in 2019 to all 50 states, totaling $932 million.
Sec. 7182	Requires the Assistant Secretary of Labor and Employee Benefits Security Benefits Administration, in conjunction with CMS, to provide additional information on mental health parity compliance in annual reports to Congress.	Applies to the second annual report following enactment.
Sec. 7183	Directs HHS to establish a grant program to help individuals who are in substance-use disorder treatment or recovery to live independently and to participate in the workforce.	Appropriations authorized for fiscal years 2019 through 2023; however, no grant program has been established at this time.
Title VIII - Miscellaneous		
Sec. 8051	Directs the Department of Veterans Affairs (VA) to emphasize peer-support services for women veterans, conduct outreach on availability of support programs and assistance resources, and requires the VA Secretary submit a report to the Senate and House Veterans' Affairs Committees, within two years.	Pending; Due by Oct. 24, 2020. However, in February 2019, the House Appropriations Subcommittee on Military Construction, Veterans Affairs and Related Agencies held a hearing to assess female veteran services and programs.
Sec. 8081	Requires HHS develop and issue guidance to states on opportunities to support family-focused residential substance abuse treatment programs and include funding opportunities under Medicaid and federal foster care and adoption assistance programs. Guidance is to be issued no later than April 22, 2019, 180 days after enactment.	In guidance released by CMS in September 2019, the first footnote states that Sec. 8081 guidance is still under development.
Sec. 8122	Amends the federal criminal code to prohibit improper remuneration for patient referrals to a recovery home, clinical treatment facility or clinical laboratory. EKRA applies to any "health care benefit program" which includes commercial payers and government programs.	The federal government has not issued clarifying regulations on this Act.