

Opioids Legislation Teed Up for Congress Vote

By Shira Stein

Posted Sept. 26, 2018, 8:12 AM

- House to vote this week, Senate in October
- Text includes controversial Medicaid drug treatment provision

The Senate and House have agreed to a compromise package of dozens of bills to combat the opioid crisis after months of negotiations. Now legislators need to vote on the measure.

The compromise text was released late Sept. 25 and includes one controversial provision that would partially expand Medicaid reimbursement for some drug treatment services.

The package is the result of the work of five Senate committees and contributions from dozens of lawmakers, many of whom are under pressure to address the crisis as midterm elections approach. Over 72,000 people died of a drug overdose last year and 40,000 of them were caused by opioid overdoses, according to preliminary data from the Centers for Disease Control and Prevention.

The House is expected to vote on the compromise legislation sometime this week, and the Senate is expected to do the same in October. Both chambers overwhelmingly passed their versions of the package, the Senate doing so 99-1 and House 396-14, so the compromise legislation will likely go to President Donald Trump's desk for his signature.

The compromise does not include a last-minute proposal by drugmakers to reduce their contributions to close the Medicare Part D coverage gap, known as the doughnut hole, by \$4 billion.

It also does not include changes to privacy rules for drug-addiction treatment records, known as Part 2 rules. Those rules require doctors to get approvals from their patients every time they share their drug treatment records with other doctors, as opposed to a blanket approval they can get for other types of health information.

The legislation would authorize nearly \$8 billion for grant programs, including targeted-response grants for states, grants for residential treatment programs for pregnant women with substance-use disorders, and grants to support tracking and treating hepatitis C infections.

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