

Senate Passes Opioid Crisis Bill

By Shira Stein

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- Senate overwhelmingly passes package to address opioid crisis
- Chamber must work with House to iron out differences

A bipartisan package of 70 bills to combat the epidemic of opioid overdose deaths passed the Senate Sept. 17 in a 99-1 vote.

Sen. Lamar Alexander (R-Tenn.), the chair of a key health committee, authored the measure. The House passed its version of the package (H.R. 6) in June by a 396-14 vote.

Lawmakers are under pressure to address the crisis as the midterm elections approach. Over 72,000 people died of a drug overdose last year, 40,000 of which were opioid overdoses, according to preliminary data from the Centers for Disease Control and Prevention.

The Senate and House will need to work out the differences in their two packages before the final bill can go to President Donald Trump for his signature. Many do not expect that to happen until after the elections.

The Trump administration released a statement Sept. 17 saying it supports Senate passage of the bill and plans to work with the Senate and House to “ensure that key provisions from the House are retained.”

The package 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.

The Senate package includes the work of the committees on health, finance, judiciary, commerce, and banking.

An estimated 11.4 million people over the age of 12 misused opioids last year, according to a 2017 survey from the federal Substance Abuse and Mental Health Services Administration. It also found 2.1 million Americans had opioid-use disorders.

A vote on the package had initially been set for Sept. 13, but was postponed because of the threat of Hurricane Florence. The lone senator opposing the bill in the Sept. 17 vote was Mike Lee (R-Utah).

CBO's Price Tag

The package would result in a \$29 million increase in overall spending over the next decade, according to the Congressional Budget Office's estimate.

The CBO's analysis found that a provision to require electronic prescribing for controlled substances under Medicare's Part D drug benefit would reduce Medicare spending by \$250 million over a decade, the only measure that would reduce the deficit. It would curtail spending by reducing the number of prescriptions filled because some physicians don't use e-prescriptions, according to the CBO.

Select Provisions

Doctors would be allowed to provide medication-assisted treatment to as many as 275 patients, up from the current starting cap of 30 patients per doctor, under one provision in the package. The Department of Health and Human Services would also be instructed to issue regulations allowing doctors to remotely prescribe MAT.

Patients who received medication-assisted treatments were more likely to stay in treatment for a longer period of time than patients who only received behavioral health care, according to a 2018 study in the *Journal of the American Medical Association*.

The U.S. Postal Service would be required to screen international packages to prevent the illegal importation of fentanyl under a measure in the package. The bill was introduced by Sen. Rob Portman (R-Ohio) and would lead to 100 percent of international packages being digitally tracked by 2020.

The USPS would be required to send that information to Customs and Board Patrol to allow the agency to inspect packages potentially containing fentanyl.

Telemedicine

The HHS could waive Medicare requirements for telehealth coverage when treating a substance-use disorder under another provision. The Drug Enforcement Administration would need to implement a registration process for health-care providers to prescribe controlled substances through telemedicine.

The Food and Drug Administration would need to clarify how it would apply some regulations to the development of nonaddictive drugs and devices to treat pain or addiction. It would also need to look at how the agency would apply expedited pathways for development and review, among other potential changes.

The bill would allow the Center for Medicare & Medicaid Innovation to test a program that would offer incentive payments to behavioral health providers who use electronic health records.

Contentious Measures

The Senate opioid package is missing two pieces of contentious legislation that were included in the House version, a provision to partially roll back a longtime restriction on federal Medicaid funds for inpatient drug treatment programs, known as the institutions for mental disease (IMD) exclusion, and a provision to loosen drug treatment record privacy rules.

These measures are among the differences that the House and Senate will have to work out before passing a final package.

The IMD exclusion is a ban on federal Medicaid funds for some inpatient drug treatment centers. The House version would have partially rolled back the rule. The Senate bill would make some changes, but it would not allow Medicaid to pay for addiction treatment in these facilities. Portman pushed for the Senate package to also include a partial roll back of the exclusion.

Sens. Joe Manchin (D-W.Va.) and Shelley Moore Capito (R-W.Va.) were both pushing to add a measure that would make it easier for doctors to find drug treatment records. Current law requires a patient's consent to their behavioral health records being shared with doctors.

Provider groups have said this can lead to doctors being unaware if their patients have a history of substance-use disorder. The provision was passed in the House version, but was not included in the Senate's package.

Job Training, Other Provisions

A provision in the legislation would allow the Department of Labor to award grants to support states in dealing with substance-use disorder and mental health treatment worker shortages. The grants could be used to provide job training and treatment services to people in those communities with substance-use disorder.

Another provision would authorize \$36 million in annual grants to train first responders to administer drugs for an opioid overdose from fiscal year 2019 through fiscal 2023. That training would need to include safety training for exposure to dangerous drugs for first responders.

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