

NACo LEGISLATIVE ANALYSIS

Opioid Legislation in the 115th Congress

May 2018



NACo Legislative Analysis: Opioid Legislation in the 115th Congress

Introduction

As the U.S. struggles to contain the opioid epidemic, legislators in Congress have put forth numerous proposals aimed at strengthening the nation's response to this crisis. Many of these proposals would impact county governments, which are at the heart of America's response to addiction through local health systems, human services agencies and law enforcement departments.

NACo is closely monitoring the progress of opioid legislation moving through Congress and has prepared an analysis of the various proposals under consideration, with special focus given to items that could strengthen the local response to the opioid epidemic. **Highlighted items in the rightmost column of the chart describe potential local impact of the legislation.**

The House legislation chart details separate bills, whereas the Senate chart breaks down the single but wide-ranging piece of legislation currently used as a vehicle for advancing the chamber's work on this issue (S. 2680, the *Opioid Crisis Response Act*). Both charts break down proposals into the following overarching categories:

- Prevention, Education and Research
- Prescriber Practices
- Public Safety and Law Enforcement
- Treatment and Recovery

This analysis is part of NACo's ongoing effort to help strengthen federal support for county agencies on the frontlines of our nation's response to the opioid epidemic. NACo previously partnered with the National League of Cities (NLC) to produce a joint report, [Prescription for Action: Local Leadership in Ending the Opioid Crisis](#), which offers recommendations for the local, state and federal response to this national crisis.

Note: *Given the ongoing consideration of various proposals in both chambers of Congress, this chart will be updated on an ongoing basis to reflect the latest legislative activity.*

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Legislation in the U.S. House of Representatives

Opioid Legislation in the 115th Congress – U.S. House of Representatives

Bills Addressing Prevention, Education and Research

Bill Title	Sponsor	Chamber/Status	Bill Provisions	Projected County Impact
H.R. 5812, the Creating Opportunities that Necessitate New and Enhanced Connections that Improve Opioid Navigating Strategies (CONNECTIONS) Act	Reps. Morgan Griffith (R-Va.), Bill Pascrell (D-N.J.)	Passed by the full House Energy and Commerce Committee	Bill would provide grants, training and technical assistance to states and localities to enact evidence-based prevention activities, such as prescription drug monitoring and data sharing	<ul style="list-style-type: none"> Legislation could give counties additional resources to implement evidence-based treatment programs
H.R. 5329, the Poison Center Network Enhancement Act	Reps. Susan Brooks (R-Ind.), Eliot Engel (D-N.Y.)	Passed as amended by the full House Energy and Commerce Committee	Bill would reauthorize the national network of Poison Control Centers, which offer free expert medical advice 24/7	<ul style="list-style-type: none"> Could help reduce hospital emergency room visits via in-home treatment Many hospitals are county-operated
H.R. 5580, the STOP Fentanyl Deaths Act	Rep. Ann Kuster (D-N.H.)	Passed by the full House Energy and Commerce Committee	Bill would authorize grants to federal, state and local agencies for the establish or operation of public health labs to detect fentanyl and other synthetic opioids	<ul style="list-style-type: none"> Bill could give counties additional resources to detect and track fentanyl in communities
H.R. 5583, To amend Title XI of the Social Security Act to require states to annually report on certain adult health quality measures, and for other purposes	Rep. Yvette Clarke (D-N.Y.)	Passed by the full House Energy and Commerce Committee	Bill would require state Medicaid programs to report on behavioral health measures included as part of the Centers for Medicare and Medicaid's (CMS) 2018 Core Set of Adult Health Care Quality Measures for Medicaid	<ul style="list-style-type: none"> Bill could add reporting requirements on behavioral health for state Medicaid programs In many states, counties play a major role in financing, administering and delivering Medicaid to residents
H.R. 5806, the 21 st Century Tools for Pain and Addiction Treatment Acts	Reps. Michael Burgess (R-Texas), Larry Bucshon (R-Ind.), Morgan Griffith (R-Va.)	Passed by the full House Energy and Commerce Committee	Bill would direct the Food and Drug Administration (FDA) to issue guidance on how existing pathways can be used to bring non-addictive pain treatments to patients	<ul style="list-style-type: none"> Limited direct county impact
H.R. 5582, the Abuse Deterrent Access Act	Reps. Buddy Carter (R-Ga.), David Loebsack (D-Iowa)	Passed by the House Energy and Commerce Health Subcommittee	Bill would direct the U.S. Department of Health and Human Services (HHS) to report on challenges to accessing abuse-deterrent opioid medications for individuals on Medicare	<ul style="list-style-type: none"> Limited direct county impact

Opioid Legislation in the 115th Congress – U.S. House of Representatives

Bills Addressing Prevention, Education and Research

Bill Title	Sponsor	Chamber/Status	Bill Provisions	Projected County Impact
H.R. __, Adding Research to Non-Opioid Alternatives to the Medicare Handbook (draft)	Sponsors not yet announced	Passed by the House Energy and Commerce Health Subcommittee	Bill would direct CMS to compile education resources for Medicare beneficiaries regarding opioid use and pain management	• Limited direct county impact
H.R. __, Beneficiary Education (draft)	Rep. Erik Paulsen (R-Minn.)	Passed by the House Energy and Commerce Health Subcommittee	Bill would require prescription drug plans under Medicare Part D to include information on the adverse effects of opioid overutilization	• Limited direct county impact
H.R. __, CMS Action Plan (draft)	Reps. Adam Kinzinger (R-Ill.), Yvette Clarke (D-N.Y.), Darin LaHood (R-Ill.), Danny Davis (D-Ill.)	Passed by the House Energy and Commerce Health Subcommittee	Would call for creation of an action plan, including a report to Congress and meetings w/stakeholders, for purpose of addressing opioid crisis	• Limited direct county impact
H.R. __, CMS/Plan Sharing (draft)	Reps. James Renacci (R-Ohio), Terri Sewell (D-Ala.)	Passed by the House Energy and Commerce Health Subcommittee	Bill would facilitate communication between Medicare Advantage (MA) organizations, Part D plan sponsors and CMS	• Limited direct county impact
H.R. __, FDA Misuse/Abuse Act (draft)	Rep. Gene Green (D-Texas)	Passed by the House Energy and Commerce Health Subcommittee	Bill would clarify FDA's authority to consider misuse and abuse as part of the drug approval process for opioids	• Limited direct county impact
H.R. __, FDA Opioid Sparing (draft)	Reps. Barbara Comstock (R-Va.), Ben Ray Lujan (D-N.M.)	Passed by the House Energy and Commerce Health Subcommittee	Bill would direct FDA to clarify data collection methods that could be used to inform opioid-sparing labeling claims for products that may replace or reduce the use of opioid analgesics	• Limited direct county impact

Opioid Legislation in the 115th Congress – U.S. House of Representatives

Bills Addressing Prevention, Education and Research

Bill Title	Sponsor	Chamber/Status	Bill Provisions	Projected County Impact
H.R. __, the HUMAN CAPITAL in Medicaid Act (draft)	Sponsors not yet announced	Passed by the House Energy and Commerce Health Subcommittee	Bill would provide enhanced federal medical assistance percentage to use toward hiring and retaining senior leadership for Medicaid programs	• Limited direct county impact
H.R. __, the Medicaid Graduate Medical Education Transparency Act (draft)	Sponsors not yet announced	Passed by the House Energy and Commerce Health Subcommittee	Bill would require state Medicaid programs to report how physicians are trained in specialties involving opioids (ex., addiction medicine, psychiatry, etc.)	• Limited direct county impact
H.R. 5798, the Opioid Screening and Chronic Pain Management Alternatives for Seniors Act	Reps. Larry Bucshon (R-Ind.), Debbie Dingell (D-Mich.), Erik Paulsen (R-Minn.)	Passed by the full House Energy and Commerce Committee	Bill would add a review of current opioid prescriptions, as well as a screening for opioid use disorder as part of the Welcome to Medicare initial examination	• Limited direct county impact
H.R. 5590, the Opioid Addiction Action Plan Act	Reps. Adam Kinzinger (R-Ill.), Yvette Clarke (D-N.Y.), Darin LaHood (R-Ill.), Danny Davis (D-Ill.)	Passed as amended by the full House Energy and Commerce Committee	Bill would call for creation of an action plan, including a report to Congress and meetings w/stakeholders, for purpose of addressing opioid crisis	• Limited direct county impact
H.R. 5809, the Postoperative Opioid Prevention Act	Reps. Scott Peters (D-Calif.), Larry Bucshon (R-Ind.)	Passed by the full House Energy and Commerce Committee	Bill would create a pass-through payment extension to encourage the development of non-opioid drugs for post-surgical pain management in Medicare	• Limited direct county impact

Opioid Legislation in the 115th Congress – U.S. House of Representatives

Bill Addressing Prevention, Education and Research

Bill Title	Sponsor	Chamber/Status	Bill Provisions	Projected County Impact
H.R. 5804, the Post-Surgical Injections as an Opioid Alternatives Act	Rep. John Shimkus (R-Ill.)	Passed by the full House Energy and Commerce Committee	Bill would incentivize post-surgical injections as a pain treatment to opioids by reversing a reimbursement cut for those treatments	• Limited direct county impact
H.R. __, Prescriber Education (draft)	Sponsors not yet named	Passed by the House Energy and Commerce Health Subcommittee	Bill would direct Centers for Medicare and Medicaid (CMS) to work with Quality Improvement Organizations to engage in outreach with prescribers identified as clinical outliers to share best practices	• Limited direct county impact
H.R. __, Prescriber Notification (draft)	Sponsors not yet named	Passed by the House Energy and Commerce Health Subcommittee	Bill would require Centers for Medicare and Medicaid (CMS) to establish an opioid prescriber threshold based on specialty and geographic area	• Limited direct county impact
H.R. 5773, the Preventing Addiction for Susceptible Seniors (PASS) Act	Reps. Peter Roskam (R-Ill.), Terri Sewell (D-Ala.), Stephen Knight (R-Calif.), Kyrsten Sinema (D-Ariz.)	Introduced in the House Energy and Commerce Committee and the House Ways and Means Committee	Bill would require Medicare prescription drug plans to establish drug management programs for at-risk beneficiaries	• Limited direct county impact
H.R. 5775, the Prescribing Reliable Options for Patients and Educational Resources (PROPER) Act	Reps. Ron Kind (D-Wisc.), Conor Lamb (D-Pa.), Erik Paulsen (R-Minn.), Bruce Poliquin (R-Maine)	Introduced in the House Energy and Commerce Committee	Bill would Medicare Advantage plans and Part D prescription drug plans to include information on the risks associated with opioids	• Limited direct county impact
H.R. 5796, the Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act	Reps. Brian Fitzpatrick (R-Pa.), Carlos Curbelo (R-Fla.), Mike Thompson (D-Calif.), Marsha Blackburn (R-Tenn.)	Passed by the full House Energy and Commerce Committee	Bill would require the Secretary of the U.S. Department of Health and Human Services (HHS) to provide grants for eligible entities to provide technical assistance to opioid prescribers	• Limited direct county impact

Opioid Legislation in the 115th Congress – U.S. House of Representatives

Bills Addressing Prevention, Education and Research

Bill Title	Sponsor	Chamber/Status	Provisions	Projected County Impact
H.R. 5676, the Stop Excessive Narcotics in Our Retirement (SENIOR) Communities Protection Act	Rep. Thomas MacArthur (R-N.J.), Chris Collins (R-N.Y.), David Schweikert (R-Ariz.), Ann Kuster (D-N.H.), Earl Blumenauer (D-Ore.), Paul Tonko (D-N.Y.)	Introduced in the House Energy and Commerce Committee and the House Ways and Means Committee	Bill would authorize the suspension of payments to a pharmacy under the Medicare prescription drug benefit and Medicare Advantage prescription drug plans pending the investigation of a credible allegation of fraud on behalf of the pharmacy	<ul style="list-style-type: none"> Limited direct county impact
H.R. 5715, the Strengthening Partnerships to Prevent Opioid Abuse Act	Reps. James Renacci (R-Ohio), Terri Sewell (D-Ala.), Brett Guthrie (R-Ky.), Scott Peters (D-Calif.)	Passed as amended by the full House Energy and Commerce Committee	Bill would help facilitate communication among Medicare Advantage, Part D plan sponsors and the Centers for Medicare and Medicaid (CMS) relating to sharing information on fraud, waste and abuse investigations	<ul style="list-style-type: none"> Limited direct county impact
H.R. 5811, To amend the federal Food, Drug and Cosmetic Act with respect to post-approval study requirements for certain controlled substances, and for other purposes	Reps. Jerry McNerney (D-Calif.), Morgan Griffith (R-Va.)	Passed by the full House Energy and Commerce Committee	Bill would enhance the Food and Drug Administration's (FDA) authorities and enforcement tools to ensure timely post-marketing studies for frequently-administered opioids	<ul style="list-style-type: none"> Limited direct county impact
H.R. __, Welcome to Medicare (draft)	Reps. Larry Bucshon (R-Ind.), Erik Paulsen (R-Minn.)	Introduced in the House Energy and Commerce Subcommittee on Health	Bill would add a pain assessment as part of the Welcome to Medicare initial examination and provide information about non-opioid alternatives	<ul style="list-style-type: none"> Limited direct county impact

Opioid Legislation in the 115th Congress – U.S. House of Representatives

Bills Addressing Treatment and Recovery

Bill Title	Bill Sponsor	Chamber/Status	Provisions	Projected County Impact
H.R. 3692, the Addiction Treatment Access Improvement Act	Reps. Paul Tonko (D-N.Y.), Ben Ray Lujan (D-N.M.)	Introduced in the House Energy and Commerce Subcommittee on Health	Bill would expand access to medication-assisted treatment (MAT) by allowing clinical nurses to administer the treatment (buprenorphine)	<ul style="list-style-type: none"> • Bill could expand MAT treatment options for county-operated health facilities by allowing additional categories of medical professionals to administer treatments
H.R. 1925/S. 874, the At-Risk Youth Medicaid Protection Act	Reps. Tony Cardenas (D-Calif.), Morgan Griffith (R-Va.), Sens. Chris Murphy (D-Ct.), Cory Booker (D-N.J.)	Passed by the full House Energy and Commerce Committee	Bill would amend title XIX (Medicaid) of Social Security Act to prevent states from terminating Medicaid benefits for incarcerated youth	<ul style="list-style-type: none"> • Could help counties provide effective treatment and care coordination services pre- and post-release • NACo sent a letter to Congress in support of this legislation
H.R. 3192, the Children's Health Insurance Program (CHIP) Mental Health Parity Act	Reps. Joe Kennedy (D-Mass.), Grace Napolitano (D-Calif.)	Passed as amended by the full House Energy and Commerce Committee	Bill would require state CHIP programs to cover mental health benefits	<ul style="list-style-type: none"> • Bill could be a step toward establishing behavioral health parity in CHIP • NACo has policy in support of behavioral health parity in insurance plans
H.R. 4684, the Ensuring Access to Quality Sober Living Act	Reps. Judy Chu (D-Calif.), Mimi Walters (R-Calif.), Gus Bilirakis (R-Fla.), Raul Ruiz (D-Calif.)	Passed by the full House Energy and Commerce Committee	Bill would authorize Substance Abuse and Mental Health Services Administration (SAMHSA) to develop and publish best practices for operating recovery houses, sometimes known as sober homes	<ul style="list-style-type: none"> • This measure could help counties better provide and regulate housing options for residents with substance use disorders
H.R. 4998/S. 1797, the Health Insurance for Former Foster Youth Act	Reps. Karen Bass (D-Calif.), Tony Cardenas (D-Calif.), Sens. Bob Casey (D-Pa.), Richard Blumenthal (D-Conn.)	Passed as amended by the full House Energy and Commerce Committee	Bill would enable former foster youth enrolled in Medicaid to continue receiving coverage if they move out of their state	<ul style="list-style-type: none"> • Legislation could reduce uncompensated care costs for counties

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Bills Addressing Treatment and Recovery

Bill Title	Bill Sponsor	Chamber/Status	Provisions	Projected County Impact
H.R. 5810, the Medicaid Health Home Act	Reps. Leonard Lance (R-N.J.), Peter Welch (D-Vt.)	Passed as amended by the full House Energy and Commerce Committee	Bill would allow an extension of an enhanced federal match rate for certain Medicaid health homes for individuals with substance use disorders	<ul style="list-style-type: none"> • Bill could direct more federal dollars toward state Medicaid programs' health homes • Could give counties more resources to provide treatment services in states where counties play a role in administering Medicaid • Medicaid health homes provide services such as comprehensive care management, individual and family services and transitional care
H.R. 5808, the Medicaid Pharmaceutical Home Act	Rep. Gus Bilirakis (R-Fla.)	Passed by the full House Energy and Commerce Committee	Bill would require state Medicaid programs to implement programs that identify Medicaid recipients at risk for SUD and assign them to a pharmacy home program to limit pill prescriptions	<ul style="list-style-type: none"> • Bill could place additional mandate on states and counties and would therefore need funding • In many states, counties play a major role in financing, administering and delivering Medicaid-eligible services to residents • However, if properly resourced and implemented, it could help counties limit overprescribing to Medicaid recipients
H.R. 4005, the Medicaid Reentry Act	Rep. Paul Tonko (D-N.Y.)	Passed as amended by the full House Energy and Commerce Committee	Bill would require the Secretary of the U.S. Department of Health and Human Services (HHS) to convene a stakeholder group and report on best practices for states related to health care issues as inmates transition out of public institutions	<ul style="list-style-type: none"> • Bill could lead to more research on allowing individuals to receiving Medicaid benefits while in county-operated correctional facilities • NACo sent a letter to Congress in support of this legislation

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Bills Addressing Treatment and Recovery

Bill Title	Bill Sponsor	Chamber/Status	Provisions	Projected County Impact
H.R. 5795, the Overdose Prevention and Patient Safety Act	Reps. Markwayne Mullin (R-Okla.), Earl Blumenauer (D-Ore.)	Passed as amended by the full House Energy and Commerce Committee	Bill would align privacy provisions governing substance use disorder records with 42 CFR, Part 2 regulations	<ul style="list-style-type: none"> Legislation could allow information sharing between behavioral health providers and other community providers, which NACo supports
H.R. 5477, the Rural Development of Opioid Capacity Services (DOCS) Act	Rep. Tom O'Halleran (D-Ariz.)	Passed as amended by the full House Energy and Commerce Committee	Bill would require CMS to carry out a demo project providing an enhanced federal match rate for state Medicaid expenditures related to SUD	<ul style="list-style-type: none"> Bill could pave the way for Medicaid 1115 waivers related to substance user coverage NACo supports the use of Medicaid waivers for essential behavioral health services
H.R. 5807, the Substance Use Disorder Coordination, Access, Recovery Enhancement (SUD CARE) Act	Reps. Markwayne Mullin (R-Okla.), Earl Blumenauer (D-Ore.)	Introduced by the House Energy and Commerce	Bill would amend the Controlled Substances Act to allow for more flexibility with respect to medication-assisted treatment (MAT) for opioid use disorders and to amend the Public Health Service Act to protect the confidentiality of substance use disorder patient records	<ul style="list-style-type: none"> Bill could expand county usage of MAT to combat opioid overdoses NACo supports aligning patient confidentiality rules with HIPAA privacy regulations in order to ease communication between medical providers and patients' families
H.R. 5603, the Access to Telehealth Services for Opioid Use Disorder Act	Reps. Doris Matsui (D-Calif.), Tony Cardenas (D-Calif.)	Passed as amended by the full House Energy and Commerce Committee	Bill would instruct the Centers for Medicare and Medicaid to evaluate the use of telehealth services in treating substance use disorders	<ul style="list-style-type: none"> Limited direct county impact
H.R. 5605, the Advancing High-Quality Treatment for Opioid Use Disorders in Medicare Act	Rep. Raul Ruiz (D-Calif.)	Passed by the full House Energy and Commerce Committee	Bill would create a demonstration project for opioid use disorder treatment services under Medicare	<ul style="list-style-type: none"> Limited direct county impact

Opioid Legislation in the 115th Congress – U.S. House of Representatives

Bills Addressing Treatment and Recovery

Bill Title	Bill Sponsor	Chamber/Status	Provisions	Projected County Impact
H.R. __, Alternative Payment Model for Treating Substance Use Disorder (draft)	Rep. Raul Ruiz (D-Calif.)	Passed by the full House Ways and Means Committee	Bill would require the Secretary of the U.S. Department of Health and Human Services (HHS) to develop guidance on pain management and opioid use disorder prevention for hospitals receiving payment under Medicare Part A	• Limited direct county impact
H.R. 5774, the Combating Opioid Abuse for Care in Hospitals (COACH) Act	Reps. Carlos Curbelo (R-Fla.), Ann Kuster (D-N.H.), Suzan DelBene (D-Wash.), Ted Budd (R-N.C.)	Passed by the full House Ways and Means Committee	Bill would require the Secretary of the U.S. Department of Health and Human Services (HHS) to develop a pain management and opioid use disorder prevention strategy for hospitals serving Medicare patients	• Limited direct county impact
H.R. 5799, the Medicaid DRUG Improvement Act	Reps. Marsha Blackburn (R-Tenn.), Andy Barr (R-Ky.), Stephen Knight (R-Calif.)	Passed as amended by the full House Energy and Commerce Committee	Bill would build on state Medicaid drug utilization activities to help combat the opioid crisis; state Medicaid programs would be required to have safety edits in place for opioid refills and monitor drug prescriptions	• Limited direct county impact
H.R. __, the Medicaid Graduate Medical Education Transparency Act (draft)	Sponsors not yet announced	Passed by the House Energy and Commerce Health Subcommittee	Bill would require state Medicaid programs to report how physicians are trained in specialties involving opioids (ex., addiction medicine, psychiatry, etc.)	• Limited direct county impact
H.R. 5800, the Medicaid IMD ADDITIONAL INFO Act	Rep. Fred Upton (R-Mich.)	Passed by the full House Energy and Commerce Committee	Bill would direct Medicaid and CHIP Payment and Access Commission to conduct study on Institutions for Mental Diseases (IMD) exclusion	• Limited direct county impact

Opioid Legislation in the 115th Congress – U.S. House of Representatives

Bills Addressing Treatment and Recovery

Bill Title	Bill Sponsor	Chamber/Status	Provisions	Projected County Impact
H.R. 5776, the Medicare and Opioid Safe Treatment (MOST) Act	Rep. Gus Bilirakis (R-Fla.)	Passed by the full House Ways and Means Committee	Bill would ensure Medicare coverage of certain services by opioid treatment programs	<ul style="list-style-type: none"> Limited direct county impact
H.R. 5587, the Peer Support Communities of Recovery Act	Reps. Ben Ray Lujan (D-N.M.), Bill Johnson (R-Ohio)	Passed as amended by the full House Energy and Commerce Committee	Bill would enhance CARA's Building Communities of Recovery Program award grants to peer support specialist organizations	<ul style="list-style-type: none"> Limited direct county impact
H.R. 3331, To amend Title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health technology	Reps. Lynn Jenkins (R-Kan.), Doris Matsui (D-Calif.), Kevin Yoder (R-Kan.), Norma Torres (D-Calif.)	Introduced in the House Energy and Commerce Subcommittee on Health	Bill would amend the Social Security Act to specify that the Centers for Medicare and Medicaid Innovation (CMI) may test models to provide incentive payments to behavioral health providers for adopting electronic health records technology and using technology to improve quality of care	<ul style="list-style-type: none"> Limited direct county impact

Opioid Legislation in the 115th Congress – U.S. House of Representatives

Bills Addressing Prescriber Practices

Bill Title	Sponsor	Chamber/Status	Provisions	Projected County Impact
H.R. 5801, the Medicaid PARTNERSHIP Act	Reps. Morgan Griffith (R-Va.), Brian Fitzpatrick (R-Pa.)	Passed as amended by the full House Energy and Commerce Committee	Bill would require state Medicaid programs to integrate prescription drug monitoring program (PDMP) usage into Medicaid providers' and pharmacists' clinical workflow	<ul style="list-style-type: none"> • Bill could help state Medicaid programs monitor opioid prescribers • NACo supported the use of prescription drug monitoring programs (PDMPs) in its joint task force report, Prescription for Action: Local Leadership in Ending the Opioid Crisis
H.R. 5806, the 21 st Century Tools for Pain and Addiction Treatments	Reps. Michael Burgess (R-Texas), Larry Bucshon (R-Ind.), Morgan Griffith (R-Va.)	Passed by the full House Energy and Commerce Committee	Bill would clarify how nonaddictive medications can qualify for FDA approval using accelerated approval pathways	<ul style="list-style-type: none"> • Limited direct county impact
H.R. 5716, the Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act	Reps. Peter Roskam (R-Ill.), John Larson (D-Ct.), Susan Brooks (R-Ind.), Peter Welch (D-Vt.)	Passed by the full House Energy and Commerce Committee	Bill would require the Centers for Medicare and Medicaid (CMS) to establish a prescriber threshold based on specialty and geographic area	<ul style="list-style-type: none"> • Limited direct county impact
H.R. 3528, the Every Prescription Conveyed Securely Act	Reps. Katherine Clark (D-Mass.), Markwayne Mullin (R-Okla.)	Passed by the House Energy and Commerce Health Committee	Bill would require all electronic prescriptions for controlled substances covered by Medicare to be input into an electronic health record to improve tracking	<ul style="list-style-type: none"> • Limited direct county impact
H.R. 5723, the Expanding Oversight of Opioid Prescribing and Payment Act	Rep. Sander Levin (D-Mich.)	Passed by the full House Ways and Means Committee	Bill would require the Medicare Payment Advisory Commission to evaluate and report on adverse incentives that lead to over-prescription of opioids and underutilization of non-opioid alternatives	<ul style="list-style-type: none"> • Limited direct county impact

Opioid Legislation in the 115th Congress – U.S. House of Representatives

Bills Addressing Prescriber Practices

Bill Title	Sponsor	Chamber/Status	Provisions	Projected County Impact
H.R. __, Mandatory Lock-In (draft)	<ul style="list-style-type: none"> Reps. Gus Bilirakis (R-Fla.), Ben Ray Lujan (D-N.M.) 	<ul style="list-style-type: none"> Passed by the House Energy and Commerce Health Subcommittee 	<ul style="list-style-type: none"> Bill would build on program outlined in the <i>Comprehensive Addiction and Recovery Act of 2016</i> and require prescription drug plan sponsors under Medicare to create drug management programs for at-risk beneficiaries 	<ul style="list-style-type: none"> Limited direct county impact
H.R. 2063, the Opioid Preventing Abuse through Continuing Education (PACE) Act	<ul style="list-style-type: none"> Reps. Brad Schneider (D-Ill.), Jan Schakowsky (D-Ill.) 	<ul style="list-style-type: none"> Passed by the House Energy and Commerce Health Subcommittee 	<ul style="list-style-type: none"> Bill would improve prescriber education around pain treatment guidelines and require 12 hours of continuing education every three years 	<ul style="list-style-type: none"> Limited direct county impact
H.R. 4841, the Standardizing Electronic Prior Authorization for Safe Prescribing Act	<ul style="list-style-type: none"> Reps. David Schweikert (R-Ariz.), Bill Johnson (R-Ohio), Ben Ray Lujan (D-N.M.) 	<ul style="list-style-type: none"> Passed by the full House Energy and Commerce Committee 	<ul style="list-style-type: none"> Bill would standardize electronic prior authorization for prescription drugs under Medicare Part D 	<ul style="list-style-type: none"> Limited direct county impact

Opioid Legislation in the 115th Congress – U.S. House of Representatives

Bills Addressing Public Safety and Law Enforcement

Bill Title	Sponsor	Chamber/Status	Provisions	Projected County Impact
H.R. __, FDA and International Mail (draft)	Rep. Marsha Blackburn (R-Tenn.)	Passed by the House Energy and Commerce Health Subcommittee	Bill would streamline and enhance tools the Food and Drug Administration (FDA) has available to effectively intercept illegal products	• Limited direct county impact
H.R. 5788, the Securing International Mail Against Opioids Act	Reps. Mike Bishop (R-Mich.), Bill Pascrell (D-N.J.)	Passed by the full House Ways and Means Committee	Bill would authorize the suspension of Medicare and Medicare Advantage prescription drug coverage payments to pharmacies suspected of fraud	• Limited direct county impact
H.R. 5752, the Stop Illicit Drug Importation Act	Rep. Marsha Blackburn (R-Tenn.)	Passed as amended by the full House Energy and Commerce Committee	Bill would streamline and enhance the Food and Drug Administration's tools to intercept illegal products, including illicit or unapproved drugs	• Limited direct county impact
H.R. 5228, the Stop Counterfeit Drugs by Regulating and Enhancing Enforcement Now (SCREEN) Act	Rep. Frank Pallone (D-N.J.)	Passed as amended by the full House Energy and Commerce Committee	Bill would provide the Food and Drug Administration (FDA) with stronger recall and seizure authority to disrupt the entry of counterfeit drugs through the mail	• Limited direct county impact
H.R. 1057, the Synthetics Trafficking and Overdose Prevention (STOP) Act	Reps. Pat Tiberi (R-Ohio), Richard Neal (D-Mass.)	Introduced in the House Ways and Means Committee	Bill would facilitate communication between Medicare Advantage (MA) organizations, Part D plan sponsors and CMS	• Limited direct county impact

Legislation in the U.S. Senate

Opioid Legislation in the 115th Congress – U.S. Senate Bill S. 2680, the *Opioid Crisis Response Act*

Provisions Addressing Prevention, Education and Research

Federal Agency/Focus	Provisions	Projected County Impact
Centers for Disease Control and Prevention (CDC)	Prevention for States, Localities and Tribes – To establish or enhance evidence-based prevention activities, this program would award grants to carry out activities including Prescription Drug Monitoring Programs (PDMPs), innovative projects and research	<ul style="list-style-type: none"> This measure could help states and counties assess the potential risk for opioid abuse or diversion throughout the prescribing process NACO supported the use of prescription drug monitoring programs (PDMPs) in its joint task force report, Prescription for Action: Local Leadership in Ending the Opioid Crisis
Centers for Disease Control and Prevention (CDC)	Controlled Substance Data Collection – To more rapidly assess and respond to the opioid crisis, this program would provide support to states, localities, and tribes to collect, analyze, and disseminate controlled substance overdose data	<ul style="list-style-type: none"> This measure could counties improve data collection related to controlled substances There are similar measures under consideration in the U.S. House of Representatives, including H.R. 2851, the Stop the Importation and Trafficking of Synthetic Analogues (SITSA) Act, and H.R. 4284, the Indexing Narcotics, Fentanyl and Opioids (INFO) Act
Centers for Disease Control and Prevention (CDC)	Infections Associated with Injection Drug Use – To prevent and respond to infections commonly associated with injection drug use, including viral hepatitis and HIV, this program would support state and federal efforts to collect data on such infections and identify and assist patients who may be at increased risk of infection	<ul style="list-style-type: none"> This measure could help counties responding to opioid epidemic-adjacent disease outbreaks, such as HIV and hepatitis There is a similar measure under consideration in the U.S. House of Representatives: H.R. 5353, the Eliminating Opioid-Related Infectious Diseases Act
Supports for Children, Families and Workers Impacted by the Crisis	Grants Addressing Economic and Workforce Impacts of the Opioid Crisis – To support state and local workforce boards and communities affected by the opioid crisis, these grants would target workforce shortages for the mental health treatment workforce and better align job training and treatment services for individuals affected by opioid or substance use disorder	<ul style="list-style-type: none"> This measure could give local workforce boards – many of which are county-operated – funding resources to assist communities impacted by the epidemic through the alignment of job training and addiction treatment services There are two similar measures under consideration in the U.S. House of Representatives, including H.R. 5102, the Substance Use Workforce Loan Repayment Program, and H.R. __, To support the peer support specialist workforce (draft)

Opioid Legislation in the 115th Congress – U.S. Senate Bill S. 2680, the *Opioid Crisis Response Act*

Provisions Addressing Prevention, Education and Research

Federal Agency/Focus	Provisions	Projected County Impact
Food and Drug Administration	Safe Disposal Systems – To help prevent unneeded or unused opioids from falling into the wrong hands, this would clarify FDA’s authority to require manufacturers to provide a simple and safe way to dispose of leftover drugs	<ul style="list-style-type: none"> • This measure could allow hospital home visiting staff (a service sometimes covered by Medicaid) to dispose of medications in patients’ home and reduce safety risk to medical workers • There is a similar measure under consideration in the U.S. House of Representatives: H.R. 5041, the Safe Disposal and Unused Medication Act
Health Resources and Services Administration (HRSA)	Services in Area with Health Provider Shortages – To improve access to mental health, behavioral, substance abuse disorder services, this would allow mental and behavioral health providers participating in the National Health Services Corps to provide services in schools and community settings	<ul style="list-style-type: none"> • This measure could help local behavioral health providers – many of which are county-operated – reach residents in underserved counties by providing substance use disorder services in schools and communities • There is no directly equivalent measure under consideration in the U.S. House of Representatives
Substance Abuse and Mental Health Services Administration (SAMHSA)	Youth Prevention and Recovery Initiative – To help prevent misuse of opioids, and to support recovery from opioid use disorder, in children, adolescents, and young adults, this program would require the HHS secretary and DOE to disseminate best practices and issue grants for prevention of and recovery from substance use disorder	<ul style="list-style-type: none"> • This measure could provide county health providers with additional resources to enact prevention and recovery programs for youth with substance use disorders • There are two similar measures under consideration in the U.S. House of Representatives: H.R. 1925, the At-Risk Youth Medicaid Act, and H.R. 4998, the Health Insurance for Former Foster Youth Act
Centers for Disease Control and Prevention (CDC)	Public and Provider Education – To advance awareness regarding the risk of misuse and abuse of opioids, this program would disseminate information to providers and the public (including about prescribing and dispensing options related to partial fills of controlled substances), and support provider education, including through prescribing guidelines	<ul style="list-style-type: none"> • Limited direct county impact • There are similar measures under consideration in the U.S. House of Representatives, including H.R. 2063, the Opioid Preventing Abuse through Continuing Education (PACE) Act, and H.R. __, Prescriber Education (draft)
Food and Drug Administration	Clarify FDA’s post-market authorities – Modifies the definition of an adverse drug experience to help FDA understand the long-term effects of drugs, such as opioids, which may have reduced efficacy over time	<ul style="list-style-type: none"> • Limited direct county impact • There is no directly equivalent measure under consideration in the U.S. House of Representatives

Opioid Legislation in the 115th Congress – U.S. Senate Bill S. 2680, the *Opioid Crisis Response Act*

Provisions Addressing Prevention, Education and Research

Federal Agency/Focus	Provisions	Projected County Impact
National Institutes of Health (NIH)	ACE Research Act – To increase flexibility for NIH to approve high impact, cutting-edge projects that address the opioids crisis more quickly and efficiently, including finding a new, non-addictive painkiller	<ul style="list-style-type: none"> • Limited direct county impact • There is a similar measure under consideration in the U.S. House of Representatives: H.R. 5002, the Advancing Cutting Edge (ACE) Research Act
National Institutes of Health (NIH)	Pain Research – To improve scientific understanding of pain, including how to prevent, treat, and manage pain, and to advance scientific understanding of risk factors that could lead to substance use disorders	<ul style="list-style-type: none"> • Limited direct county impact • There is no directly equivalent measure under consideration in the U.S. House of Representatives

Opioid Legislation in the 115th Congress – U.S. Senate Bill S. 2680, the *Opioid Crisis Response Act*

Provisions Addressing Treatment and Recovery

Federal Agency/Focus	Provisions	Projected County Impact
Substance Abuse and Mental Health Services Administration (SAMHSA)	Comprehensive Opioid Recovery Centers – To provide the full continuum of treatment for patients in areas hit hardest by the opioid crisis, this would authorize a grant program for entities to establish or operate a comprehensive opioid recovery center	<ul style="list-style-type: none"> • This measure would create a pilot program that, if counties, were eligible to apply, could provide additional resources for counties to help coordinate services for people with substance use disorders • There is a similar measure under consideration in the U.S. House of Representatives: H.R. 5327, the Comprehensive Opioid Recovery Centers Act
Data and Technology	Confidentiality of Substance Use Disorder Records – To identify model training programs on how to protect and appropriately disclose confidential substance use disorder medical records for health care providers, patients, and their families	<ul style="list-style-type: none"> • This measure would not amend 42 CFR, Part 2 to align privacy provisions with HIPAA, which NACo supports, and is included in H.R. 3545, the Overdose Prevention and Patient Safety Act • However, the best practices and model training programs resulting from this measure could help counties differentiate when substance use records can be shared under existing law • There is a similar measure under consideration in the U.S. House of Representatives: H.R. 1554, Jessie's Law
Substance Abuse and Mental Health Services Administration (SAMHSA)	Coordination and Continuation of Care for Drug Overdose Patients – To improve coordination of care and treatment after an opioid overdose, and to reduce the likelihood of future relapse, recidivism, and overdose, this would require the Secretary to identify best practices and establish a grant for the provision of care, overdose reversal medication and follow up services after an overdose	<ul style="list-style-type: none"> • There is no directly equivalent measure under consideration in the U.S. House of Representatives, but NACo is supportive of providing wraparound services for individuals with behavioral health disorders
Substance Abuse and Mental Health Services Administration (SAMHSA)	Cures Grant Changes – To focus federal funds on areas that have been hit hardest by the opioid crisis, this would allow HHS to provide additional funding to states with the highest age-adjusted mortality rate associated with opioid use disorders and would provide funding directly to Indian Tribes	<ul style="list-style-type: none"> • This measure could assist counties and Indian Tribes that require additional support to combat the opioid epidemic • There is a similar measure under consideration in the U.S. House of Representatives: H.R. 5140, the Tribal Addiction and Recovery (TARA) Act
Substance Abuse and Mental Health Services Administration (SAMHSA)	First Responder Training – To support first responders so that they can safely respond to cases involving fentanyl, this would expand a grant program from the Comprehensive Addiction and Recovery Act (CARA) which was designed to allow first responders to administer a drug or device to treat an overdose	<ul style="list-style-type: none"> • This measure could better equip first responders to use naloxone at the scene of an overdose and bridge the gap between an emergency call and a patient's ability to receive regular treatment • There is a similar measure under consideration in the U.S. House of Representatives: H.R. 5176, the Preventing Overdoses While in Emergency Rooms (POWER) Act

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Provisions Addressing Treatment and Recovery

Federal Agency/Focus	Provisions	Projected County Impact
Drug Enforcement Administration (DEA)	Improving Access to Telemedicine – To allow community mental health and addiction treatment centers to register with DEA to treat patients using telemedicine, this would allow qualified centers to register with DEA to treat more patients, especially in rural areas	<ul style="list-style-type: none"> This measure could allow county-operated addiction and mental health treatment centers to administer telemedicine and reach patients living in remote areas There is a similar measure under consideration in the U.S. House of Representatives: H.R. 5594, the Improving Access to Remote Behavioral Health Treatment Act
Supports for Children, Families and Workers Impacted by the Crisis	Interagency Task Force on Trauma-Informed Supports – To help identify, prevent, and address the impact of trauma on children and youth, including trauma related to substance abuse, this creates a task force to recommend best practices for supporting children and families who have experienced or are at risk of experiencing trauma	<ul style="list-style-type: none"> This measure could give counties additional funds to meet the needs of children who have experienced trauma resulting from a family member's substance use disorder There is no directly related measure in the U.S. House of Representatives
Data and Technology	Jessie's Law – To make it easier for doctors to know if a patient has a history of opioid abuse, require HHS to develop best practices for prominently displaying this information in electronic health records, when requested by the patient	<ul style="list-style-type: none"> This measure would not amend 42 CFR, Part 2 to align privacy provisions with HIPAA, which NACo supports However, the best practices and model training programs resulting from this measure could help counties differentiate when substance use records can be shared under existing law There is a similar measure under consideration in the U.S. House of Representatives: H.R. 1554, Jessie's Law
Drug Enforcement Administration (DEA)	Medication-Assisted Treatment – To improve access to medication-assisted treatment (MAT), this codifies the ability for qualified physicians to prescribe MAT for up to 275 patients	<ul style="list-style-type: none"> This measure could help expand Medication-Assisted Treatment (MAT) options for county-operated health facilities There is a similar measure under consideration in the U.S. House of Representatives: H.R. 3692, the Addiction Treatment Access Improvement Act This proposal is supported in NACo and NLC's joint opioid report: Prescription for Action: Local Leadership in Ending the Opioid Crisis
Health Resources and Services Administration (HRSA)	Services in Areas with Health Provider Shortages – To improve access to mental health, behavioral health, substance use disorder services, this would allow mental and behavioral health providers participating in the National Health Services Corps to provide services in schools and community settings	<ul style="list-style-type: none"> This measure could help local behavioral health providers – many of which are county-operated – reach residents in underserved counties by providing substance use disorder services in schools and communities There is no directly equivalent measure under consideration in the U.S. House of Representatives

Opioid Legislation in the 115th Congress – U.S. Senate Bill S. 2680, the *Opioid Crisis Response Act*

Provisions Addressing Treatment and Recovery

Federal Agency/Focus	Provisions	Projected County Impact
Substance Abuse and Mental Health Services Administration (SAMHSA)	Peer Support Technical Assistance – To support long term recovery, requires HHS to provide technical assistance and support to organizations providing peer support services related to substance use disorder.	<ul style="list-style-type: none"> This measure could help county-based health facilities provide wraparound care, especially because peer support specialists offer immediate and follow-up support for patients There is a similar measure under consideration in the U.S. House of Representatives: H.R. __, To support the peer support specialist workforce (draft)
Supports for Children, Families and Workers Impacted by the Crisis	Pilot Program on Delivery of Trauma-Informed Support Practices – To better support children and families impacted by the opioid crisis, this would create a grant to increase student support services and better integrate mental health care in schools, aimed at preventing and mitigating the effects of negative childhood experiences	<ul style="list-style-type: none"> This measure could give counties additional funds to meet the needs of children who have experienced trauma resulting from a family member's substance use disorder There is no directly related measure in the U.S. House of Representatives
Substance Abuse and Mental Health Services Administration (SAMHSA)	Recovery Housing Best Practices – To assist those recovering from an opioid addiction with housing, this would require HHS to issue best practices for entities operating recovery housing facilities	<ul style="list-style-type: none"> This measure could help counties better provide and regulate housing options for residents with substance use disorders There is a similar measure under consideration in the U.S. House of Representatives: H.R. 4684, the Ensuring Access to Quality Sober Living Act
Substance Abuse and Mental Health Services Administration (SAMHSA)	Alternatives to Opioids – To support hospitals and other acute care settings seeking to manage pain without using opioids, this would require the Secretary to provide technical assistance related to the use of alternatives to opioids, including for common painful conditions and certain patient populations, such as geriatric patients, pregnant women, and children	<ul style="list-style-type: none"> Limited direct county impact
Health Resources and Services Administration (HRSA)	Education and Training for Providers – To improve tools for the health care workforce, this would improve resources for pain care providers to assess, diagnose and manage acute or chronic pain, as well as to detect the early warning signs of SUD. This provision also updates mental and behavioral health training to include trauma-informed care	<ul style="list-style-type: none"> Limited direct county impact There are multiple measures under consideration in the U.S. House of Representatives focusing on health care workforce training, including H.R. 2063, the Opioid Preventing Abuse through Continuing Education (PACE) Act; H.R. 5261, the Treatment, Education and Community Help (TEACH) to Combat Addiction Act; and H.R. __, Prescriber Education (draft)

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Provisions Addressing Prescriber Practices

Federal Agency/Focus	Provisions	Projected County Impact
Data and Technology	Supporting State Prescription Drug Monitoring Programs (PDMP) – To encourage states to share PDMP data with one another, this would streamline federal requirements for PDMPs so doctors and pharmacies can know if patients have a history of substance use	<ul style="list-style-type: none"> • This measure could help states assess the risk for opioid abuse or diversion before medical providers prescribe opioids • There is a similar measure under consideration in the U.S. House of Representatives: H.R. 5801, the Medicaid PARTNERSHIP Act • NACO supported the use of prescription drug monitoring programs (PDMPs) in its joint task force report, Prescription for Action: Local Leadership in Ending the Opioid Crisis
Drug Enforcement Administration (DEA)	Disposal of Controlled Substances by Hospice Care Providers – To allow hospice care providers to safely and properly dispose of controlled substances and reduce the risk of drug diversion, this would give certain employees of qualified hospice programs the legal authority to dispose of controlled substances after a patient's death	<ul style="list-style-type: none"> • This measure could help reduce the diversion of unused controlled substances (such as pills) by allowing hospice workers the legal authority to dispose of medications • Some hospices are county-operated and receive Medicaid funding • There is a similar measure under consideration in the U.S. House of Representatives: U.S. 5041, the Safe Disposal of Unused Medication Act
Drug Enforcement Administration (DEA)	Special Registration for Telemedicine – To clarify DEA's ability to develop a regulation to allow qualified providers to prescribe controlled substances in limited circumstances via telemedicine	<ul style="list-style-type: none"> • This measure could help county-based health providers administer telemedicine services to combat the opioid epidemic • There is a similar measure under consideration in the U.S. House of Representatives: H.R. 5483, the Special Registration for Telemedicine Clarification Act
Food and Drug Administration	Opioid Packaging – To help encourage responsible prescribing behavior and limit overprescribing, this would clarify FDA's authority to require drug manufacturers to package certain drugs for set treatment durations	<ul style="list-style-type: none"> • Limited direct county impact • There is a similar measure under consideration in the U.S. House of Representatives: H.R. __, FDA Packaging and Disposal (draft)

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Provisions Addressing Public Safety and Law Enforcement

Federal Agency/Focus	Provisions	Projected County Impact
Food and Drug Administration (FDA)	Improve FDA and Customs Border Protection (CBP) coordination at the border – To help improve ability of FDA to find and seize illegal drugs, such as fentanyl, at the border	<ul style="list-style-type: none"> • This measure could provide county agencies with additional resources to track the entry of fentanyl into communities • There are two similar measures under consideration in the U.S. House of Representatives: H.R. 2851, the Stop the Importation and Trafficking of Synthetic Analogues (SITSA) Act, and H.R. 4284, the Indexing Narcotics, Fentanyl and Opioids (INFO) Act
Supports for Children, Families and Workers Impacted by the Crisis	Plans of Safe Care Implementation Grants – To help states implement plans of safe care for substance-exposed infants included in CARA, these grants would facilitate collaboration and coordination between the agencies responsible for carrying out plans, and extend critical state technical assistance programs	<ul style="list-style-type: none"> • This measure could help state and local agencies enact programs for infants impacted by a family member's substance use disorder