OVERVIEW OF OPIOID BILLS WITH TECHNOLOGY IMPLICATIONS - As of July 25th, 2018

The opioid crisis has been a huge priority within the 115th Congress with a sprint to gather feedback through requests for information, hearings and meetings with stakeholders. This has led to a large, comprehensive piece of legislation known as the SUPPORT for Patients and Communities Act, otherwise titled H.R. 6, that was passed out of the House in late June. Laid out in the below table are relevant provisions within H.R. 6 as well as legislation being considered separately by the Senate. The Senate is moving slower than the House, as next steps are fluid with a full calendar before the mid-term elections. As always, if members have questions about activity on Capitol Hill, we encourage you to reach out to our Washington, D.C. policy team. They can help answer your questions.

(Color coding of legislation is in reference to the issue area that it covers. If the section is left white, the bill may be the only piece of legislation addressing that issue, there is no direct issue characterization, or the legislation covers numerous/multiple issue areas.)

- For reference; EPCS, Patient Consent, Telemedicine, PDMP are color coded below

BILL	Issue Area	SPONSOR	SUMMARY	Additional Information	
Passed from the House to Senate as H.R. 6 (Unless otherwise noted)					
HR 3528 Press release 6 pages	EPCS	Reps.: • Katherine Clark (D-MA) • Markwayne Mullin (R-OK)	Would require e-prescribing for coverage under part D of the Medicare program of prescription drugs that are controlled substances by 2021.	Companion bill sitting in the Senate with 2020 deadline	
H.R. 5009 – Jessie's Law 5 pages	Patient Consent	Reps.: Tim Walberg (R-MI) Debbie Dingell (D-MI) Bob Latta (R-OH)	- Require the Department of Health and Human Services (HHS) to develop and disseminate best practices regarding the prominent display of Substance Use Disorder (SUD) history in records of patients who have previously provided this information to a health care provider.	Senate companion bill S. 581	
HR 5483, "The Special Registration for Telemedicine Clarification Act of 2018" (discussion draft)	Telemedicine	Reps.: Buddy Carter (R-GA) Cheri Bustos (D-IL)	 Will clarify telemedicine waivers. Federal law permits the Attorney General to issue a special registration to health care providers to prescribe controlled substances via telemedicine in legitimate emergency situations, such as a lack of access to an in-person specialist. 		

2 pages			 The waiver process has never been implemented through regulation, and some patients do not have the emergency access they need to treatment. Bill directs the Attorney General, with HHS, to promulgate interim final regulations within 30 days of passage of the law. 	
HR 5812, "Creating Opportunities that Necessitate New and Enhanced Connections that Improve Opioid Navigations Strategies (CONNECTIONS) Act	PDMP	Reps.: Morgan Griffith (R-VA) Frank Pallone (D-NJ)	Will improve current federal support for Prescription Drug Monitoring Programs (PDMPs) by requiring a coordinated effort amongst the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Office of the National Coordinator for Health Information Technology to improve surveillance, data collection, and integration into physician clinical workflow so that timely, complete and accurate information will get into the hands of providers and dispensers, allowing them to make the best clinical decisions for their patients.	
H.R. 6082 – The Overdose Prevention and Safety Act	Patient Consent	Reps.: • Earl Blumenauer (D-OR) • Markwayne Mullin (R-OK)	 Will align the use of substance use disorder (SUD) treatment records with HIPAA for the purposes of treatment, payment and healthcare operations between covered entities. Enhance penalties in the event of a disclosure of SUD treatment records, add breach notification requirements, and provide discrimination prohibitions to protect individuals seeking SUD treatment. 	Has since changed bill number. Passed the House separate from the overall opioids package as it is considered to be more controversial.
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	CEHRT Incentives for Behavior Health	Rep. Lynn Jenkins (R-KS)	Promote the testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology.	Related S. 1732

of certified electronic health record technology. 3 pages H.R. 4841 — Standardizing Electronic Prior Authorization for Safe Prescribing Act 6 pages	Prior Authorization	Rep. David Schweikert (R-AZ)	Standardize electronic prior authorization for prescription drugs under Medicare Part D.	Related bill S. 2908
HR 5603,"Improving Access to Remote Behavioral Health Treatment Act of 2018" 3 pages	Telemedicine, rural health	Reps.: Gregg Harper (R-MS) Doris Matsui (D-CA)	 Will expand access for patients in rural and underserved communities who may live near community mental health or addiction treatment centers, but not a hospital or state-licensed clinic. Without a DEA registration these health facilities do not qualify for the Ryan Haight Act's telemedicine exception, and are unable to provide care to patients in need. Directs Attorney General, with HHS, to promulgate interim final regulations within 120 days of passage of the law for these treatment facilities to register with the DEA to engage in the practice of telemedicine. The bill passed today allows Medicare to lift geographic restrictions on services origination sites, but an earlier version also gave the department the option to remove restrictions on store-and-forward care. 	
H.R. 4284 – The Indexing Narcotics, Fentanyl, and		Rep. Bob Latta (R-OH)	 Direct HHS to create a public and easily accessible electronic dashboard linking to all of the nationwide efforts to combat the opioid crisis. Create an Interagency SUD Coordinating Committee to review and coordinate opioid use 	

Opioids (INFO) Act 10 pages		Manting dia April 5th	disorder (OUD) and other SUD research, services, and prevention activities across all relevant Federal agencies, evaluate the effectiveness of these activities, and make specific recommendations for actions that agencies can take to better coordinate the administration of services for patients with OUD and SUD				
H.R. , Use of Telehealth to Treat Opioid Use Disorder, in treating opioid use disorder. 8 pages	Telemedicine	Mentioned in April 5 th press release	Will instruct CMS to evaluate the utilization of telehealth services in treating opioid use disorder. - Not mentioned by bill name but included in H.R. 6 under section 2001.				
	Pending Senate Action						
S. 3120 - Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018 80 pages (Approved by Senate Finance	Multiple Topics	Senator Orin Hatch (R – UT)	 State agencies with facilitate and share information from their PDMP with any provider dealing with Medicaid beneficiaries or is a managed care entity. Exansion of certain telehealth services and also federal reimbursement if states choose to allow it for telehealth treatment of SUD. Prior Authorization for part D (by 2021) EPCS inclusion (2021) 	This is the Senate Finance Committee's Comprehensive Package			
S. 2680 "Opioid Crisis Response Act of 2018" 116 pages	Multiple Topics	Senators: Lamar Alexander (R-TN) Patty Murray (D-WA)	 DEA developing telemedicine prescribing guidelines "Improving Telemedicine" aspects here from Harper/Matsui bill passed by the House (above) "Support PDMP" through encouraging data-sharing between states and streamlining federal 	This is the Senate HELP comprehensive Package			

(Approved by Senate HELP)			regulations. Also includes supporting EHR and PDMP integration - Jessie's Law (In report, not statute) and a special point to maintain the confidentiality of substance use disorder records.	
S. 1016 – CONNECT for Health Act of 2017 32 pages (Pending before Senate Finance)	Telemedicine	Sen. Brian Schatz (D-HI)	A number of provisions aimed at expanding access to telehealth services through reimbursement and elimination of other regulations/requirements.	(Not included in the Senate Finance Package)
S. 2460, "Every Prescription Conveyed Securely Act"	EPCS	Senators: Michael Bennet (D-CO) Elizabeth Warren (D-MA) Dean Heller (R-NV) Pat Toomey (R-PA)	Would require e-prescribing for coverage under part D of the Medicare program of prescription drugs that are controlled substances	 Companion bill passed the house with 2021 deadline Included in the HEAL Act (by 2021)
S. 778, "Prescription Drug Monitoring Act of 2017" 6 pages (Pending before Senate HELP)	PDMP	Senators: • Amy Klobuchar (D-MN) • Rob Portman (R-OH) • Joe Manchin (D-WV) • Angus King, Jr. (I-ME) • Margaret Wood Hassan (D-NH) • Richard Blumenthal (D-CT) • Kirsten Gillibrand (D-NY)	Requires that if states receive grant funds for PDMP, they will comply with data sharing with other states. Also, DoJ or HHS may withhold grant funds from state that fails to comply	(not included in Senate Finance of HELP Packages, specifically)

S. 2456, "Comprehensive Addiction and Recovery Act (CARA) 2.0 Act" Press release here and here. 21 pages	Multiple Topics	Senators: Rob Portman (R-OH) Multiple cosponsors	Full summary here. PMDP piece: Physicians and pharmacists are required to use their state PDMP within 1 year of enactment. States must also make data available to other states. A similar provision was removed from CARA (1.0)	(Pending before Senate HELP and Senate Judiciary)
S. 2451, "'Protection from Overprescribing Act" 1 page (Pending before Senate HELP)	PDMP	Senator Bill Cassidy (R-LA)	In determining whether to award a grant to a State in support of a State prescription drug monitoring program, HHS would have to consider whether each agency of the State that administers the prescription drug monitoring program proactively analyzes data available through the State's PDMP and provides reports to law enforcement agencies, prescriber licensing boards, and other agencies describing any prescribers that repeatedly fall outside of expected norms or standard practices for the prescriber's field.	(not included in HELP package)