

What's in the Final Opioid Package

By a vote of 98 to 1, the Senate overwhelmingly passed the major opioid legislative package it had negotiated with the House, sending the bill for the president's signature. Sen. Mike Lee (R-Utah) cast the only vote against the bill, citing its "unaccountable" grant programs.

House and Senate negotiators largely agreed to include the major provisions from their respective bills, with a few exceptions. Language that would let Medicare pay more for opioid alternatives that treat post-surgical pain did not make the final bill, and a fiscal offset was not included that would have saved government funds by requiring employer plans to cover more care for end-stage renal disease.

Comparison of select provisions in the House, Senate, and final opioid packages

	PROVISION	HOUSE	SENATE	FINAL BILL
MEDICARE AND DRUG PROVISIONS	Changes provider reimbursements to incentivize the use of non-opioid drugs for post-surgical pain	✓	✗	✗
	Requires CMS to test a bundled payment model to expand Medicare coverage for opioid treatment programs	✓	✓	✓
	Improves providers' ability to prescribe medication-assisted therapy drugs by expanding physician authorization	✓	✓	✓
	Establishes grant programs to incentivize hospitals and emergency departments to use opioid alternatives	✓	✓	✓
	Provides the National Institutes of Health authority to direct more funding toward opioid alternative research	✓	✓	✓
	Allows CMS to waive limits on telemedicine reimbursement for substance abuse and related mental health disorders	✓	✗	✓
	Mandates electronic prescribing in Medicare Part D for controlled substance prescriptions	✓	✓	✓
	Requires Part D plans to establish drug management programs for beneficiaries with substance abuse risk	✓	✗	✓
	Establishes a demonstration initiative to encourage providers to use certified e-health records	✓	✓	✓
	Allows Medicare Part D plans to suspend payments to pharmacies under investigation for fraud	✓	✗	✓
	Allows CMS to identify Part D enrollees with histories of opioid overdoses and add them to monitoring systems	✗	✓	✓
Requires a review of opioid prescriptions and screening for abuse disorder in the initial Medicare preventive exam	✓	✓	✓	
MEDICAID PROVISIONS	Allows Medicaid to pay for opioid-related residential treatment at large facilities by removing Institutes for Mental Disease exclusion	✓	✗	✓
	Allows Medicaid to pay for residential pediatric recovery centers for infant care	✗	✓	✓
	Requires Medicaid and Medicaid managed care plans to implement safety limits for opioid prescriptions and refills	✓	✗	✓
	Establishes a demonstration program to expand provider capacity for substance abuse treatment	✓	✗	✓
	Ensures CHIP coverage for substance abuse disorder services for children and pregnant women	✓	✗	✓
	Extends 90 percent federal Medicaid match for "health homes" that treat opioid addiction	✓	✗	✓
	Expands Medicaid availability for juvenile inmates and adult inmates during the 30 days prior to release	✓	✗	✓
OTHER PROVISIONS	Increases FDA and U.S. Customs funding and authority to prevent illegal shipping of manufactured opioids	✗	✓	✓
	Clarifies the FDA's post-market drug authorities to consider reduced efficacy over time	✗	✓	✓
	Establishes a \$10 million annual grant program to establish or operate comprehensive opioid recovery centers	✓	✓	✓
	Reauthorizes and extends grants for the comprehensive opioid abuse grant program, worth \$330 million annually	✓	✗	✓
	Reauthorizes the Office of National Drug Control Policy, the High-Intensity Drug Trafficking program and other DOJ programs	✗	✓	✓
OFFSETS	Increase number of months employer-sponsored plans must cover end-stage renal disease services before Medicare coverage begins	✓	✗	✗
	Require employer group plans to report prescription drug coverage to determine primary payer situations in Medicare	✓	✗	✓
	Institute medical loss ratios for state Medicaid managed care plans that currently do not have such ratios	✓	✗	✓