

House Energy and Commerce Committee Opioid-Related Bills By Hearing

"Combating the Opioid Crisis: Helping Communities Balance Enforcement and Patient Safety" (Feb. 28, 2018)

Name	Lead Sponsor	Summary	Agencies	Appropriations
H.R. 2063 , Opioid Preventing Abuse through Continuing Education (Opioid PACE) Act of 2017	Rep. Bradley Scott Schneider (D-Ill.)	This bill amends the Controlled Substances Act to require a practitioner (other than a hospital, pharmacy, pharmacist or veterinarian) to comply with a training requirement as a condition of obtaining or renewing a registration to prescribe or dispense opioids for the treatment of pain or pain management.	HHS, DEA	\$1 million for each of fiscal years 2018-2022
H.R. 2851 , Stop the Importation and Trafficking of Synthetic Analogues (SITSA) Act of 2017	Rep. John Katko (R-N.Y.)	This bill amends the Controlled Substances Act to include Schedule A substances and treat its prescription and abuse with the same regulations and repercussions, respectfully, as Schedule I-V substances.	HHS, Office of the Attorney General	No appropriations specified
H.R. 4275 , Empowering Pharmacists in the Fight Against Opioid Abuse Act	Rep. Mark DeSaulnier (D-Calif.)	This bill requires the U.S. Drug Enforcement Administration (DEA) to develop and disseminate training programs and materials on: 1) the circumstances under which a pharmacist may refuse to fill a controlled substance prescription suspected to be fraudulent, forged, or indicative of abuse or diversion, and 2) federal requirements related to such refusal.	HHS, DEA, FDA, CDC, SAMHSA	No appropriations specified
H.R. 5041 , Safe Disposal of Unused Medication Act	Rep. Tim Walberg (R-Mich.)	This bill amends the Controlled Substances Act to authorize the employees of a hospice program to handle controlled substances in the residence of a deceased hospice patient to assist in disposal.	HHS, SSA	No appropriations specified

H.R. ____ , Special Registration for Telemedicine Clarification Act of 2018	Rep. Buddy Carter (R-Ga.) and Rep. Cheri Bustos (D-Ill.)	This bill imposes a deadline for the promulgation of interim final regulations in accordance with Section 311(h) of the Controlled Substances Act (21 U.S.C. 831(h)) specifying the circumstances in which a special registration may be issued to a practitioner to engage in the practice of telemedicine, and for other purposes.	HHS, Office of the Attorney General	No appropriations specified
H.R. 5202 , Ensuring Patient Access to Substance Use Disorder Treatments Act of 2018	Rep. Ryan Costello (R-Pa.)	This bill amends the Controlled Substances Act to provide for the delivery of a controlled substance by a pharmacy to an administering practitioner.	HHS, Office of the Attorney General, U.S. Comptroller	No appropriations specified
H.R. ____ , Improving Access to Remote Behavioral Health Treatment Act of 2018	Rep. Gregg Harper (R-Miss.) and Rep. Doris Matsui (D-Calif.)	This bill amends the Controlled Substances Act to clarify the eligibility of community mental health or addiction treatment centers to register to dispense controlled substances, and to include such centers within references to hospitals and clinics in the definition of the term "practice of telemedicine."	Office of the Attorney General	No appropriations specified
H.R. ____ , Tableting and Encapsulating Machine Regulation Act of 2018\	Rep. David Kustoff (R-Tenn.)	This bill amends the Controlled Substances Act to apply provisions relating to certain controlled substances to tableting machines and encapsulating machines, and for other purposes.	HHS	No appropriations specified

"Combating the Opioid Crisis: Prevention and Public Health Solutions" (March 20-21, 2018)

Name	Lead Sponsor	Summary	Agencies	Appropriations
H.R. 449 , Synthetic Drug Awareness Act	Rep. Hakeem Jeffries (D-N.Y.)	The Act requires the Surgeon General of the Public Health Service to submit to Congress a report on the effects on public health of the increased rate of use of synthetic drugs.	OASH (HHS)	No appropriations specified
H.R. 5002 , Advancing Cutting Edge (ACE) Research Act	Rep. Debbie Dingell (D-Mich.)	The Act expands the research initiatives authority of the National Institutes of Health (NIH) by amending the Public Health Service Act to include research on the prevention, diagnosis or treatment of diseases and disorders under NIH authority.	NIH	No appropriations specified
H.R. 5009 , Jessie's Law	Rep. Tim Walberg (R-Mich.)	The bill will ensure medical professionals have access to a consenting patient's complete health history when making treatment decisions by requiring the U.S. Department of Health and Human Services (HHS) to develop and disseminate best practices regarding the prominent display of SUD history in patient records of patients who have previously provided this information to a healthcare provider.	HHS	No appropriations specified
H.R. 5102 , Substance Use Disorder Workforce Loan Repayment Act	Rep. Katherine Clark (D-Mass.)	The Act amends the Public Health Service Act to authorize a loan repayment program for substance use disorder treatment employees. The period of service required by the program consists of up to six years of full-time employment, with no more than one year passing between any two years of covered employment, in a substance use disorder treatment job in the United States in a Mental Health Professional Shortage Area or a county where the mean drug overdose death rate per 100,000 people is greater than the national average over the past three years.	HRSA	\$25 million for each of fiscal years 2019 through 2028

H.R. 5140 , Tribal Addiction and Recovery Act	Rep. Markwayne Mullin (R-Okla.)	The Act makes improvements to the Account For the State Response to the Opioid Abuse Crisis to improve tribal health by including Indian tribes and tribal organizations in state provisions in Section 1003 of the 21st Century Cures Act.	SAMHSA, HHS	No appropriations specified
H.R. 5176 , Preventing Overdoses While in Emergency Rooms Act	Rep. David McKinley (R-W.Va.)	The Act requires the Secretary of HHS to provide coordinated care to patients who have experienced a non-fatal overdose after emergency room discharge. In carrying out the program, the Secretary will award grants on a competitive basis to not more than 20 eligible healthcare sites.	HHS	\$50 million for the period of fiscal years 2019 through 2023
H.R. 5197 , Alternatives to Opioids in the Emergency Department Act	Rep. Bill Pascrell (D-N.J.)	The Act directs the Secretary of HHS through the Assistant Secretary for Mental Health and Substance Use to carry out a three-year demonstration program under which the Secretary shall award grants to eligible hospitals and emergency departments, including freestanding emergency departments, to develop, implement, enhance or study alternative pain management protocols and treatments that promote the appropriate limited use of opioids in emergency departments.	SAMHSA	\$10 million for each of fiscal years 2019 through 2021
H.R. 5261 , Treatment, Education, and Community Help (TEACH) to Combat Addiction Act	Rep. Bill Johnson (R-Ohio)	The Act amends the Public Health Service Act to provide for regional centers of excellence in substance use disorder education. Entities designated as Regional Centers of Excellence in Substance Use Disorder Education will utilize funding to enhance and improve how health professionals are educated in pain management and substance use disorder through development, evaluation and distribution of evidence-based curriculum for healthcare professional schools.	NIH	\$2 million for each of fiscal years 2019 through 2023

H.R. 5272 , Reinforcing Evidence-Based Standards Under Law in Treating Substance Abuse Act	Rep. Steve Stivers (R-Ohio)	The Act ensures that programs and activities that are funded by a grant, cooperative agreement, loan or loan guarantee from HHS, and whose purpose is to prevent or treat a mental health or substance use disorder, are evidence-based. The RESULTS act requires the applicant to submit materials demonstrating that the program or activity is evidence-based, and the materials will be posted on the public website of the Department.	Applicable HHS agencies	No appropriations specified
H.R. 5329 , Poison Center Network Enhancement Act of 2018	Rep. Susan Brooks (R-Ind.)	The Act amends the Public Health Service Act to reauthorize and enhance the poison center national toll-free number, national media campaign and grant program.	HRSA	\$29.6 million for each of fiscal years 2020 through 2024 for the maintenance of the Poison Control Center Grant Program; \$700,000 for each of fiscal years 2020 through 2024 for the establishment and maintenance of the national toll-free number; \$800,000 for each of fiscal years 2020 through 2024 for the public awareness campaign
H.R. __, Discussion Draft of a Bill to Improve Fentanyl Testing and Surveillance	Rep. Ann Kuster (D-N.H.)	The legislation would provide \$15 million in grants to federal, state and local agencies to establish or operate public health laboratories to detect fentanyl, its analogues or other synthetics.	CDC	\$10 million to enhance and expand the CDC drug surveillance program to all 50 states and to increase detection and surveillance of fentanyl, its analogues or other synthetics; \$5 million to establish a pilot program to test point-of-care fentanyl testing for each of fiscal years 2018 through 2022

H.R. __, Discussion Draft of Eliminating Opioid-Related Infectious Diseases Act	Rep. Leonard Lance (R-N.J.)	The Act amends the Public Health Service Act to reauthorize and expand a program of surveillance and education, carried out by the Centers for Disease Control and Prevention (CDC), regarding infections associated with injection drug use.	CDC	\$40 million for fiscal years 2019 through 2023 for the CDC to improve surveillance of infections associated with intravenous drug use (IVDU)
H.R. 5327, Discussion Draft of Comprehensive Opioid Recovery Centers Act	Rep. Brett Guthrie (R-Ky.)	The Act would require SAMHSA to provide grants for the purpose of developing comprehensive opioid recovery centers. Centers that receive such grants will have to provide or coordinate the provision of certain outreach, treatment or recovery activities.	SAMHSA	\$10 million for each of fiscal years 2019 through 2023
H.R. __, Discussion Draft of a Bill to Enhance and Improve State-run Prescription Drug Monitoring Programs	Rep. Morgan Griffith (R-Va.); Rep. Frank Pallone (D-N.J.)	The draft would codify the CDC's Prevention for States Program and Enhanced Surveillance of Controlled Substance Overdose Program. The proposal would also integrate the National All Scheduled Prescription Electronic Reporting (NASPER) Act into the CDC program.	CDC	Amount for each of fiscal years 2019 through 2023 not yet specified
H.R. 2046 , Peer-Support Specialist Act of 2017	Rep. Ben Ray Lujan (D-N.M.)	The draft would amend the Communities of Recovery program authorized by CARA such that all funding is to be used to establish regional technical assistance centers to implement regionally driven, peer-delivered addiction recovery support services, establish recovery community organizations, establish recovery community centers, and provide overdose reversal medication training and dissemination.	Office of the Secretary	\$100 million for each of fiscal years 2018 through 2022
H.R. __, Discussion Draft of FDA Accelerated Approval and Breakthrough Therapy Status		The draft would direct the U.S. Food and Drug Administration (FDA) to issue guidance as to how FDA will provide for accelerated approval or breakthrough therapy designation for medicines developed to treat pain or addiction.	FDA	No appropriations specified

H.R. __, Discussion Draft of FDA and International Mail	Rep. Marsha Blackburn (R-Tenn.)	The draft would provide FDA with additional enforcement authorities to address illegal and illicit products entering the United States from international mail facilities. Specifically, the discussion draft would enable FDA to refuse admission and destroy articles identified to be of concern to the DEA and FDA, streamline seizure proceedings, and debar individuals or organizations that repeatedly violate federal laws from being able to import into the U.S.	DEA, FDA	No appropriations specified
H.R. __, Discussion Draft of FDA Opioid Sparing	Rep. Barbara Comstock (R-Va.); Rep. Ben Ray Lujan (D-N.M.)	The discussion draft would direct FDA to update or issue guidance related to data collection on opioid sparing for purposes of including such information on product labeling.	FDA	No appropriations specified
H.R. __, Discussion Draft of FDA Packaging and Disposal	Rep. Richard Hudson (R-N.C.)	The discussion draft would provide FDA with the authority to issue orders directing manufacturers of controlled substances to implement or modify technologies, controls, or measures related to the packaging or disposal of such drug for purposes of reducing the risk of abuse or misuse. In addition, the discussion draft would require GAO to study the effectiveness of controlled substance disposal technologies, current federal oversight of disposal technologies, and recommendations as to the federal government's role in evaluating and promoting these technologies.	FDA	No appropriations specified
H.R. __, Discussion Draft of FDA Long-term Efficacy	Rep. Jerry McNerney (D-Calif.)	The discussion draft would provide FDA with the authority to require post-market studies related to the effectiveness of controlled substances.	FDA	No appropriations specified

H.R. __, Discussion Draft of FDA Misuse/Abuse	Rep. Gene Green (D-Texas)	The discussion draft would authorize FDA to consider the potential for misuse and abuse when assessing the risks and benefits of controlled substances for purposes of approval.	FDA	No appropriations specified
H.R. 4684 , Ensuring Access to Quality Sober Living Act	Rep. Judy Chu (D-Calif.)	H.R. 4684 would direct SAMHSA to develop and publish best practices for operating a recovery house.	SAMHSA	\$3 million for fiscal years 2018 through 2020 to disseminate best practices for recovery houses and provide technical assistance to the states
H.R. 3692, Amendment in the Nature of a Substitute	Rep. Paul Tonko (D-N.Y.); Rep. Ben Ray Lujan (D-N.M.)	The AINS would make the policy passed in CARA that allows Nurse Practitioners and Physician Assistants to treat patients with opioid use disorder with buprenorphine permanent and allow all other advanced practice nurses to treat patients with opioid use disorder with buprenorphine. The bill would also codify the existing physician cap of 275 patients and allow providers to start treating a minimum of 100 patients if they hold additional credentialing specified in statute or practice in a qualified practice setting.	HHS	No appropriations specified
H.R. 3545, Amendment in the Nature of a Substitute, Overdose Prevention and Patient Safety Act	Rep. Markwayne Mullin (R-Okla.)	The bill would no longer require patient consent for substance use disorder treatment records to be shared between covered entities or between a covered entity and a non-covered entity for purposes of treatment, as long as those disclosures and redisclosures are made in accordance with HIPAA. The bill would allow disclosure of de-identified substance use disorder treatment records to public health authorities. The bill would apply certain penalties to the disclosure of protected substance abuse treatment	SAMHSA	No appropriations specified

		records and would apply HIPAA breach notification requirements to substance abuse treatment records covered by the privacy requirements governing confidentiality of such records.		
H.R. 4284, Amendment in the Nature of a Substitute, Indexing Narcotics, Fentanyl, and Opioids Act	Rep. Bob Latta (R-Ohio)	The bill would establish a substance use disorder information dashboard and the Interagency Substance Use Disorder Coordinating Committee.	NIH, CDC, CMS	No appropriations specified

"Combating the Opioid Crisis: Improving the Ability of Medicare and Medicaid to Provide Care for Patients" (April 11, 2018)

Name	Lead Sponsor	Summary	Agencies	Appropriations
H.R. ____ , Provide IMD Services Up to 90 Days for Medicaid Beneficiaries with SUD	N/A	This bill will allow states to receive federal Medicaid matching dollars for up to a total of 90 days per year for services in an IMD for Medicaid beneficiaries with a substance use disorder. Beneficiaries would need to be assessed after the first 30 days to determine if continued care (up to 60 more days) is medically necessary.	SSA, CMS	No appropriations specified
H.R. ____ , the Medicaid Pharmacy Home Act	N/A	This bill will require all states to have a lock-in program that identifies at-risk Medicaid beneficiaries and assigns them to a pharmacy home program that sets reasonable limits on the number of prescribers and dispensers they may utilize, whether under a fee-for-service or managed care arrangement.	CMS	No appropriations specified
H.R. ____ , the Medicaid Drug Review, Utilization, Good governance (DRUG) Improvement Act	N/A	This bill will require all state Medicaid programs to use common sense drug utilization review activities to help combat the opioid crisis. States will be required to have state-determined limitations in place for opioid refills, monitor concurrent	CMS	No appropriations specified

		prescribing of opioids and other drugs (such as benzodiazepines and antipsychotics), monitor antipsychotic prescribing for children, and have at least one buprenorphine/naloxone combination drug on the Medicaid drug formulary.		
H.R. ____ , the Medicaid Providers And Pharmacists Required To Note Experiences in Record Systems to Help In-need Patients (PARTNERSHIP) Act	N/A	This bill will require the Medicaid program in each state to integrate prescription drug monitoring program (PDMP) usage into Medicaid providers' and pharmacists' clinical workflow. This bill also establishes basic standard criteria (based on industry best practices) that a PDMP must meet to be counted as a qualified PDMP. The bill would require states to report to CMS on how their PDMPs are working and the number of covered providers who are using the PDMPs, as well statewide trends in controlled substance utilization.	CMS, CDC	No appropriations specified
H.R. ____ , Medicaid Incentives for Health Homes to Treat Substance Use Disorder	N/A	This bill will amend Section 1945 of Title XIX to incentivize states to create health homes for Medicaid beneficiaries with substance use disorder. This bill extends the enhanced match from eight quarters to 12 quarters so long as states meet quality, cost and access targets.	CMS	No appropriations specified
H.R. ____ , the Medicaid Institutes for Mental Disease Are Decisive in Delivering Inpatient Treatment for Individuals but Opportunities for Needed Access are Limited without Information Needed about Facility Obligations	N/A	This bill will direct the Medicaid and CHIP Payment and Access Commission (MACPAC) to conduct a study on IMDs. The study will report on the requirements, standards and oversight that state Medicaid programs have for IMDs. MACPAC, considering input from stakeholders, will summarize the findings and make recommendations on improvements and best practices by January 2020.	CMS, State Medicaid Programs	No appropriations specified

Act (The Medicaid IMD ADDITIONAL INFO Act)				
H.R. 100 , the Improving Medicaid Data Timeliness Act	N/A	This bill will reduce the filing window for Medicaid claims from two years to one year. Currently, under a provision of law added in 1980, it is possible to submit claims for up to two years after the date of service. However, medical billing technologies and practices have been dramatically modernized in the past three decades. Today, 99 percent of claims are submitted within one year. This straightforward change will help give the Centers for Medicare and Medicaid Services (CMS), Congress and others more timely, accurate and complete expenditure data on all categories of Medicaid spending, including Medicaid drug spending. With Medicaid as one of the nation's largest payers of behavioral health services and substance use disorder treatment, more timely and complete information will improve the ability of Congress to properly oversee the Medicaid program and help individuals the program serves.	CMS, HHS	No appropriations specified
H.R. 100 , the Improving the Transparency for Graduate Medical Education Funded by Medicaid Act	N/A	This bill will improve transparency in the Graduate Medical Education (GME) program by requiring state Medicaid programs to periodically report to CMS data and information on how GME funds are being used to support physician training. Additionally, the state Medicaid program is required to report specific information on how physicians are trained in specialties that are essential in the opioid crisis (i.e., psychiatry, addiction medicine, etc.) and how GME recipients are using Medicaid	CMS, HHS	No appropriations specified

		funds to train physicians on substance use disorder.		
H.R. ____ , the Medicaid Helping Unite Managers who have Abilities with Novel Chances to Activate the Possibilities of Innovation, Transformation, And Leadership (HUMAN CAPITAL)	N/A	This bill will provide enhanced federal medical assistance percentage to use toward hiring and retaining senior leadership for Medicaid programs who meet certain quantifiable professional standards. This policy change improves the ability of state Medicaid programs to recruit and retain high-caliber, private-sector talent to manage state Medicaid programs, and will help reduce the short duration of most Medicaid directors (which averages about 18 months). The enhanced funding will sunset in 2026.	CMS, State Medicaid Programs	No appropriations specified
H.R. ____, Require HHS to Act Within a Certain Timeframe in Implementing GAO's Recommendation for HHS to Execute a Strategy Related to Infants With Neonatal Abstinence Syndrome	N/A	This bill requires HHS to establish a strategy to implement the recommendations in a recent Substance Abuse and Mental Health Services Administration (SAMHSA) report that will enhance the treatment and care of newborns suffering from Neonatal Abstinence Syndrome. The strategy must include a timeline for the implementation, how the Department plans to disseminate best practices to state health agencies and any additional statutory authorities the Department needs to complete this strategy.	N/A	N/A
H.R. 3192 , the CHIP Mental Health Parity Act	Rep. Joseph Kennedy III (D-Mass.)	This bill will require all Children's Health Insurance Program (CHIP) plans to cover treatment of mental illness and substance use disorders in addition to providing health coverage to eligible children through both Medicaid and separate CHIP programs.	SSA, HHS	No appropriations specified

H.R. 4998 , The Health Insurance for Former Foster Youth Act	Rep. Karen Bass (D-Calif.)	This bill will amend current law to allow foster youth to continue to receive Medicaid benefits even if they move to another state. Under current law, foster youth who are enrolled in Medicaid before they turn 18 may stay in Medicaid until age 26. However, such foster youth lose Medicaid coverage if they move out of their state.	SSA, State Social Security Agencies	No appropriations specified
H.R. __, Creation of a Demonstration Project for Five Years for up to 10 States that Have Committed to Medicaid Delivery System Advancements Through Substance Use Disorder Demonstration Waivers	N/A	This bill would allow certain states to receive an enhanced match for training and technical assistance and other incentive activities to enroll new providers treating substance use disorder in Medicaid or expand existing substance use disorder provider capacity.	N/A	N/A
H.R. __, Require State Medicaid Programs to Report on the 10 Behavioral Health Measures that are Included in CMS' 2018 Core Set of Adult Health Care Quality Measures for Medicaid	N/A	This bill will provide a more complete view of behavioral health quality of care and inform Congress, CMS and stakeholders on how to target improvement moving forward.	N/A	N/A
H.R. 4005 , The Medicaid Reentry Act	Rep. Paul Tonko (D-N.Y.)	This bill will amend Title XIX (Medicaid) of the Social Security Act to allow state Medicaid programs to receive federal matching dollars for medical services furnished to an incarcerated individual during the 30-day period preceding the individual's release.	SSA, HHS	No appropriations specified

H.R. __, Allow Women Who Are Pregnant and Enrolled in Medicaid or Who Are Post-Partum Mothers of Newborns and Enrolled in Medicaid to Continue to Receive Medicaid Benefits When in an IMD (Up to First 12 Months After Delivery)	N/A	N/A	N/A	N/A
H.R. 1925 , The At-Risk Youth Medicaid Protection Act	Rep. Tony Cardenas (D-Calif.)	This bill will prohibit state Medicaid programs from terminating a juvenile's medical assistance eligibility because the juvenile is incarcerated. A state may suspend coverage while the juvenile is an inmate, but must restore coverage upon release without requiring a new application unless the individual no longer meets the eligibility requirements for medical assistance. A state must process an application submitted by, or on behalf of, an incarcerated juvenile, notwithstanding that the juvenile is an inmate.	SSA, HHS	No appropriations specified
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 Record Technology	Rep. Lynn Jenkins (R-Kan.)	This bill amends Title XI (General Provisions) of the Social Security Act to specify that the Center for Medicare and Medicaid Innovation may test models to provide incentive payments to behavioral health providers for: 1) adopting electronic health records technology, and 2) using that technology to improve the quality and coordination of care.	HHS	No appropriations specified

H.R. __ , Incentivizing Non-Opioid Drugs	N/A	This bill will create a temporary pass through payment to encourage the development of non-opioid drugs for post-surgical pain management in Medicare.	CMS, SSA, FDA	No appropriations specified
H.R. __ , CMS Action Plan	N/A	This bill will call for the establishment of an Action Plan, including studies, reports to Congress and meetings with stakeholders for the purpose of enhancing coverage and reimbursement of MAT for opioid use disorder, among other things.	HHS, CMS, SSA	No appropriations specified
H.R. __, Use of Telehealth to Treat Opioid Use Disorder	N/A	This bill will instruct CMS to evaluate the utilization of telehealth services in treating opioid use disorder.	N/A	N/A
H.R. __, Alternative Payment Model for Treating Substance Use Disorder	N/A	This bill will create a demonstration project for an Alternative Payment Model for treating substance use disorder. This model includes the development of measures to evaluate the quality and outcomes of treatment.	N/A	N/A
H.R. __ , Initial Pain Assessment	N/A	This bill will add a pain assessment as part of the Welcome to Medicare initial examination and provide intervention about non-opioid alternatives, as appropriate.	CMS, HHS	No appropriations specified
H.R. __ , Adding Resources on Non-Opioid Alternatives to the Medicare Handbook	N/A	This bill will direct CMS to compile education resources for beneficiaries regarding opioid use, pain management and alternative pain management treatments, and include these resources in the "Medicare and You" Handbook.	CMS, HHS	No appropriations specified

H.R. ____ , Post-Surgical Injections as an Opioid Alternative	Rep. John Shimkus (R-Ill.)	This bill will seek to incentivize post-surgical injections as a pain treatment alternative to opioids by reversing a reimbursement cut for these treatments.	HHS	No appropriations specified
H.R. 3528 , The Every Prescription Conveyed Securely Act	Rep. Katherine Clark (D-Mass.) and Rep. Markwayne Mullin (R-Okla.)	This bill will require e-prescribing, with exceptions, for coverage of prescription drugs that are controlled substances under the Medicare Part D program.	SSA, HHS	No appropriations specified
H.R. ____ , Mandatory Lock-In	N/A	This bill will build off of work done in the Comprehensive Addiction Recovery Act (CARA) and require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries.	CMS, SSA	No appropriations specified
H.R. 4841 , The Standardizing Electronic Prior Authorization for Safe Prescribing Act	Rep. David Schweikert (R-Ariz.)	This bill seeks to amend Title XVIII of the Social Security Act to provide for electronic prior authorization under Medicare Part D for covered Part D drugs, and for other purposes.	SSA, HHS	No appropriations specified
H.R. ____ , Beneficiary Education	N/A	This bill will require prescription drug plans under Medicare Part D to include information on the adverse effects of opioid overutilization and of coverage of non-pharmacological therapies and non-opioid medications or devices used to treat pain.	CMS, SSA	No appropriations specified
H.R. ____ , Evaluating Abuse Deterrent Formulations	N/A	This bill will direct CMS to evaluate the use of abuse-deterrent opioids in Medicare plans.	HHS	No appropriations specified
H.R. ____ , Prescriber Notification	N/A	This bill will require CMS to, in consultation with stakeholders, establish a threshold, based on specialty and geographic area, for which a prescriber would be considered an outlier opioid prescriber. CMS would then be responsible for notifying prescribers identified as outliers of their status.	CMS, SSA, HHS	No appropriations specified

H.R. __ , Prescriber Education	N/A	This bill will direct CMS to work with Quality Improvement Organizations to engage in outreach with prescribers identified as clinical outliers to share best practices.	CMS, SSA, HHS	No appropriations specified
H.R. __ , Medication Therapy Management (MTM) Expansion	N/A	This bill will add beneficiaries at-risk for prescription drug abuse to the list of targeted beneficiaries to be eligible for MTM under Part D.	CMS	No appropriations specified
H.R. __, CMS/Plan Sharing	N/A	This bill will help facilitate communication between Medicare Advantage organizations, Part D plan sponsors and CMS relating to substantiated fraud, waste and abuse investigations.	N/A	N/A