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Democratic Priorities in H.R. 6: The SUPPORT for Patients and Communities Act

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H.R. 6, the SUPPORT for Patients and Communities Act, is a bipartisan package of opioid-related provisions. This legislation includes a number of Democratic priorities that will expand access to treatment and make long-term progress in addressing the opioid epidemic. It also contains important tools for our government agencies to help combat this crisis head on.

But to truly turn the tide of the deadliest drug overdose epidemic in our history, we will need a sustained, long-term and substantial investment in our treatment infrastructure. We need to help the 90 percent of Americans with substance use disorders who are not getting treatment today, and we need to expand funding for evidence-based treatment and wrap-around services that move people toward recovery.

Key Democratic priorities include:

- **Expanding Medicare coverage of Opioid Treatment Programs (OTPs) and Medication-Assisted Treatment (MAT)**. Currently, OTPs are not recognized as Medicare providers, meaning that beneficiaries receiving MAT at OTPs for their opioid use disorders must pay out-of-pocket. In 13 states, the highest rate of opioid-related inpatient hospital stays is among individuals over the age of 65. Under H.R. 6, Medicare will pay OTPs through bundled payments made for holistic services, including necessary medications, counseling, and testing. (Sec. 2005)

- **Permanently allowing nurse practitioners (NPs) and physician assistants (PAs) to prescribe or dispense buprenorphine for treatment of opioid use disorder (OUD).** H.R. 6 builds upon the Comprehensive Addiction and Recovery Act, which allowed NPs and PAs to treat up to 100 patients with buprenorphine for five years. This bill would make NP and PA prescribing authority under the Drug Addiction Treatment Act of 2000 (DATA 2000) permanent. (Sec. 3201)

- **Expanding the type of providers who can treat patients with buprenorphine for OUD.** Currently, only physicians, NPs, and PAs can use buprenorphine (one of the drugs used in MAT) to treat patients with OUD. H.R. 6 would expand access to MAT by authorizing clinical nurse specialists, certified nurse midwives, and certified

registered nurse anesthetists to treat up to 100 patients with OUD with buprenorphine for five years. (Sec. 3201)

- **Expanding access to MAT by increasing the number of patients with OUD certain providers can treat with buprenorphine in the first year.** Currently, providers with DATA 2000 waivers can treat up to 30 patients in their first year. H.R. 6 would allow certain providers to immediately start treating 100 patients at a time with buprenorphine (skipping the initial 30 patient cap) if the physician has board certification in addiction medicine or addiction psychiatry or if the practitioner provides MAT in a qualified practice setting. (Sec. 3201)

- **Permanently allowing physicians to treat up to 275 patients with buprenorphine.** In 2016, the Department of Health and Human Services (HHS) increased access to MAT by increasing the patient cap for physicians treating patients with buprenorphine from 100 patients to 275 patients. H.R. 6 makes this patient cap permanent. (Sec. 3201)

- **Expanding the number of physicians waived to treat patients with buprenorphine.** Currently, with limited exception, physicians have to take an eight-hour training course to obtain a waiver to treat patients with buprenorphine. H.R. 6 would allow eight hours of training on treating and managing opioid-dependent patients received in medical school or a medical residency program to meet this waiver requirement. H.R. 6 also creates a grant program to provide funding to medical schools and teaching hospitals to develop curricula that meets this requirement. (Sec. 3202)

- **Mandating Medicaid coverage of all forms of MAT.** Currently, while all state Medicaid programs cover buprenorphine and naltrexone, 14 state Medicaid programs still do not cover Methadone. Under H.R. 6, every state Medicaid program will be required to cover all three forms of MAT for five years. (Sec. 1006)

- **Providing consistent Medicaid coverage for at-risk youth**. H.R. 6 requires state Medicaid programs to suspend, as opposed to terminate, a juvenile's medical assistance eligibility when a juvenile is incarcerated. A state must restore coverage upon release without requiring a new application unless the individual no longer meets the eligibility requirements for medical assistance. (Sec. 1001)

- **Expanding Medicaid coverage for foster youth until the age of 26**. H.R. 6 requires states to ensure that former foster youth keep their Medicaid coverage across state lines until the age of 26. (Sec. 1002)

- **Repealing the Institutions for Mental Diseases (IMD) exclusion for certain Medicaid beneficiaries with substance use disorders (SUDs).** While the previous House-passed IMD provision only covered individuals with opioid use disorder and

cocaine use disorder, the current provision applies to all SUDs. The provision gives states the option to cover care delivered in IMDs for Medicaid beneficiaries aged 21 to 64 and with a SUD. Medicaid would pay for up to 30 total days of care in an IMD during a 12-month period for eligible beneficiaries. Also, unlike the House-passed provision, the current provision includes safeguards to ensure that states do not reduce the availability of community-based care for beneficiaries with SUDs and requires eligible IMDs to provide at least two forms MAT for SUDs on site. (Sec. 5052)

- **Increasing access to mental health and SUD services for children and pregnant women under the Children's Health Insurance Program (CHIP).** H.R. 6 requires state CHIP programs to cover mental health benefits, including SUD services for eligible pregnant women and children. In addition, states would not be allowed to impose financial or utilization limits on mental health treatment that are lower than limits placed on physical health treatment. (Sec. 5022)

- **Strengthening the Food and Drug Administration's (FDA) ability to take action against illicit controlled substances coming in through International Mail Facilities and improving oversight over controlled substances.** H.R. 6 provides the FDA with new authority to cease distribution or recall controlled substances that may endanger patients; improves the agency's capacity, including through facility and technology enhancements, to inspect and respond to illegal controlled substances; and to prohibit the importation of drugs by a person who has engaged in a pattern of importing illegal drugs or controlled substances. (Sec. 3012-3014)

- **Providing the Federal Trade Commission (FTC) with stronger enforcement tools when bringing cases against companies that prey on people suffering from opioid use disorder and their families.** Under this provision, the FTC will be able to collect civil penalties against purveyors of fake treatment products and deceptive treatment programs. By imposing these fines, the FTC will be able to hit these bad actors with actual financial consequences. (Sec. 8021-8023)

- **Grants to link educational agencies with mental health systems.** H.R. 6 increases student access to evidence-based trauma support services to help prevent and mitigate the effects of trauma on children and youth. Such services may include fostering safe environments through social and emotional learning. (Sec. 7134)

- **Addressing economic and workforce impacts of the opioid crisis.** H.R. 6 authorizes the Department of Labor to award dislocated worker grants to states through the Workforce Innovation and Opportunity Act to provide coordinated job training and treatment services to individuals in affected communities with OUD or SUD and to support the treatment workforce in significantly impacted areas. (Sec. 8041)

- **Reauthorizing and strengthening the Office of National Drug Control Policy (ONDCP):** H.R. 6 reauthorizes ONDCP through 2023 and enacts important reforms to better coordinate an effective response to the opioid crisis. The bill expands the emphasis on treatment within ONDCP and enhances transparency over the budgets of Drug Control Program Agencies to assess whether they will be adequate to achieve the goals of the National Drug Control Strategy. The bill also enhances ONDCP's ability to identify and combat emerging threats while measuring the effectiveness of existing drug control efforts. (Sec. 8202)