

FLOOR SCHEDULE FOR FRIDAY, JUNE 22, 2018

HOUSE MEETS AT:	FIRST VOTE PREDICTED:	LAST VOTE PREDICTED:
9:00 a.m.: Legislative Business Five "One Minutes"	11:15 – 11:45 a.m.	11:45 a.m. – 12:15 p.m.

Complete Consideration of [H.R. 6](#) – SUPPORT for Patients and Communities Act (Rep. Walden – Energy and Commerce/Ways and Means) (One hour of debate). The bill contains numerous bipartisan provisions to address the opioid epidemic that is ravaging the country. Drugs, from prescription painkillers to heroin, are now the leading cause of death for prime working age Americans. In order to address this crisis, this bill includes provisions aimed at enhancing prevention efforts and expanding access to treatment:

- Extends Medicare coverage to include Medication-Assisted Treatment (MAT) to expand access to treatment options for beneficiaries;
- Increases the number of providers that can prescribe or dispense approved buprenorphine medications by authorizing clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists to prescribe buprenorphine for five years;
- Requires state Medicaid programs to suspend, as opposed to terminate, a juvenile’s Medicaid eligibility when a juvenile is incarcerated;
- Requires the Centers for Medicare and Medicaid Services (CMS) to carry out a demonstration project to provide enhanced federal matching funds for the expansion of substance use disorder (SUD) under Medicaid;
- Requires states to operate qualified drug management programs for certain at-risk beneficiaries;
- Builds on existing state Medicaid drug utilization review activities to help combat the opioid crisis;
- Extends federal matching funds for Medicaid health homes targeted toward beneficiaries with substance use disorder (SUD) from eight quarters to 10 quarters;
- Encourages the use of non-opioid analgesics for the management of post-surgical pain under Medicare;
- Requires prescription drug plan sponsors under Medicare to establish drug management programs for at-risk beneficiaries;
- Clarifies FDA regulation of non-addictive pain and addiction therapies;
- Authorizes grant funding for states to test opioids to prevent fentanyl deaths;
- Requires HHS to issue guidance to improve care for infants with neonatal abstinence syndrome and their families;
- Expands the use of telehealth services under Medicare to evaluate the utilization of such services in treating substance use disorder;
- Requires screening for opioid abuse in the “Welcome to Medicare” visit under the Affordable Care Act;
- Requires e-prescribing of controlled substances under Part D.

These provisions are paid for by providing incentives for states voluntarily adopting a medical loss ratio (MLR) requirement for their Medicaid managed care organizations (MCOs) of 85%. It also increases the application of Medicare’s secondary payer rules for beneficiaries with end stage renal disease (ESRD) by three months.

Upon engrossment of H.R. 6, the texts of [H.R. 2851](#) – SITSA Act, [H.R. 5735](#) – THRIVE Act, [H.R. 5797](#) – Individuals in Medicaid Deserve Care that is Appropriate and Responsible in its Execution Act, will be added to H.R. 6.

The Rule, which was adopted on Wednesday, provides for one hour of general debate and provides for consideration of 8 amendments. The amendments are:

Walden/Pallone/Brady (TX)/Neal Amendment. Makes technical corrections to the text of H.R. 6.

Dunn/Harris/Roe Amendment. Strikes language expanding the types of health professionals who are authorized to dispense narcotics for narcotic treatment.

Barton/Meadows/Kuster Amendment. Directs the FDA Commissioner to develop high-quality, evidence-based opioid analgesic prescribing guidelines for the indication-specific treatment of acute pain. In developing such guidelines, it would require the Commissioner to gather input through a public workshop and comment period, and to provide a report to Congress on how such guidelines will be used to protect the public health.

Curtis Amendment. Requires a report from HHS on opioid prescribing practices and opioid misuse during pregnancy, and evaluating non-opiate pain management practices during pregnancy.

Keating/Rothfus Amendment. Directs HHS to issue guidelines for prescribing naloxone in situations involving any type of prescription or illicit opioid use.

Meadows Amendment. Requires the Government Accountability Office to conduct a comprehensive report on health care policy changes that may have contributed to the increase in opioid overdoses and deaths.

Waters Amendment. Directs the Secretary of Health and Human Services (HHS) to conduct a survey of organizations that provide substance abuse treatment services. Under the amendment, HHS is required to develop, and submit to Congress, a plan to direct appropriate resources to address inadequacies in services or funding for specific types of drug addictions identified through the survey.

Turner/Kuster Amendment. Eliminates Substance Abuse and Mental Health Services Administration's (SAMHSA) policy that prevents SAMHSA funding from going toward substance abuse treatment services for individuals who are incarcerated.

The Daily Quote

"The House rejected a hard-line immigration bill on Thursday and Republican leaders delayed a vote on a compromise measure that seemed destined to fail, then delayed it again, in the latest show of their party's disarray over immigration... The turbulent day in the House offered yet another reminder of the deep divisions over immigration vexing Republicans, with no easy solutions in sight."

- New York Times, 6/21/2018