An Overview of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act

The House and Senate have passed a comprehensive package designed to mitigate the opioid and substance abuse epidemic that has gripped parts of the U.S. and provide a boost to law enforcement, physicians, clinicians and counselors who serve on the frontlines of addiction. The legislation, which took the better part of a year to come together, effectively makes changes to Medicare, Medicaid and the public health sectors in ways designed to prevent addiction—or treat it when necessary.

The package itself includes hundreds of provisions that generally fall into broad legislative buckets, including federal healthcare programs, public healthcare programs and law enforcement. It represents the culmination of work from five committees in the Senate, and eight in the House. For a top-level summary, see the table below:

MEDICAID/MEDICARE	**PUBLIC HEALTH**	**Law Enforcement**
IMD Exclusion: Medicaid pays for up to 30 days of care in an IMD during a 12-month period.	Provides grants to state and local agencies to improve treatment of SUD	Gives new authority to federal agencies to stop the flow of narcotics through the mail
Boost in federal Medicaid funding for substance use treatment and recovery services	Provides clinical staff with new prescription abilities for medications that fight overdoses and addiction	Requires FDA to conduct stricter post-market studies on opioid medications
Better identification of Medicaid beneficiaries who are at-risk of a SUD	Allows medical professionals access to a patient's drug history, if consented	Reauthorizes the Office of National Drug Control Policy
Improved neonatal and maternal care	Improves the process of collecting and getting rid of medications once a patient passes away	Provides local law enforcement with more tools to remove heroin and other substances from the streets
Improved use of telehealth services in Medicare	Gives hospitals new authorities on discharging overdose patients	
Stronger push to use non-addictive treatments for seniors	Allows for a wider distribution of best practices for those who treat and care for people and families with SUD	
E-prescribing in Part D		
Improved medication screening for seniors		

Even though the healthcare sector did not get everything it wanted, there are some pathways that could eventually lead to expanded access to state-run Prescription Drug Monitoring Program (PDMP) and ultimately to better access to important clinical data about a patient's past history with opioids and other substances. For now, the legislation touches lightly on those subjects, but the discussions around them could lead to further changes down the road.

Here's a closer look at how some key provisions fared in the legislation:

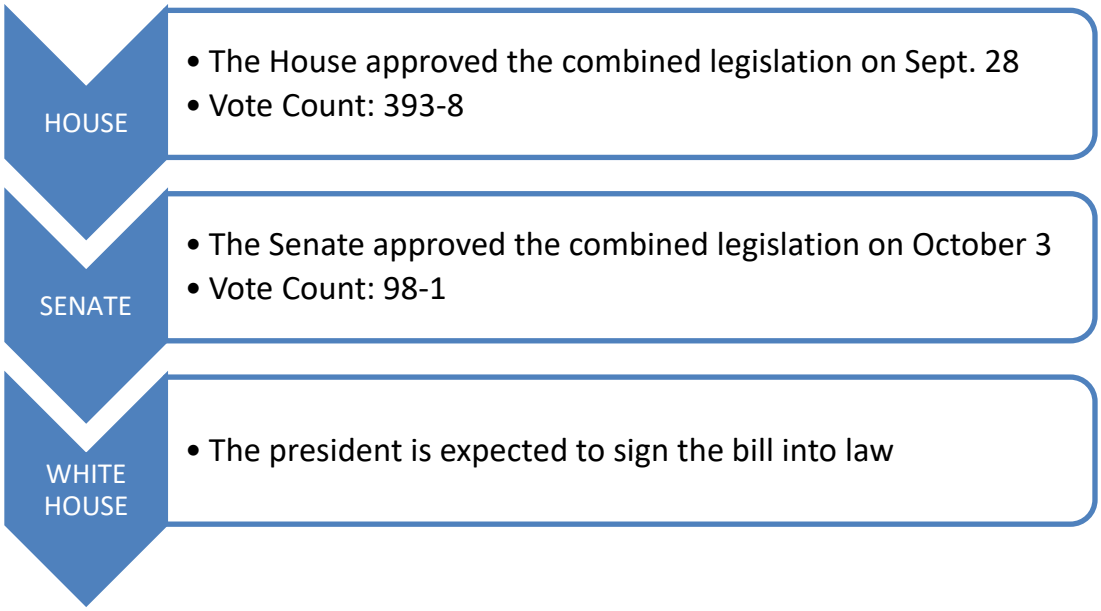
- **Payment and access to Medicaid Institutions for Mental Diseases (IMD):** What eventually passed was not as extensive as first expected, but nevertheless should have a major impact on coordinated care. Under the compromise, state Medicaid programs have the option to cover care in an IMD for Medicaid beneficiaries aged 21-64 with a SUD for fiscal years 2019-2023. Medicaid programs can receive federal reimbursement for up to 30

total days of care in an IMD during a 12-month period. The legislation also makes it easier for pregnant and postpartum women to receive IMD care, and codifies regulations permitting managed care plans to cover IMD treatment.

- **Managed Medicaid MLR:** Congress is clearly leaning on Medicaid insurers to foot some of the overall cost of the bill. As a "payfor" for the package, the House and Senate are codifying a provision that sets in place a medical-loss ratio of 85 percent for Medicaid health plans, meaning that at least 85 percent of their Medicaid revenue must be spent on medical care. Anything short of that 85% threshold must be paid back to the states. The provision could cost Medicaid health plans about $2.7 billion over a 10-year period.
- **Prescription Drug Management Program:** The legislation will make it easier for states to improve their PDMP databases, including funding tech-related upgrades that increase data sharing between states. But the package does mandate extending access to these databases to groups that don't already qualify, such as health insurers. Rather, its impact will likely be felt more by providers than payers, in part because the bill encourages medical staff to incorporate PDMP checks into their clinical workflow.
- **42 CFR Part 2:** The legislative package does not contain the Part 2 provision, which prevents the sharing of SUD treatment records without a patient's consent. A measure to lessen those restrictions earned wide support from the insurance and provider sectors—and cleared the House on a separate vote—but ultimately was not included after key Democrats in the House and Senate came out against it.

It's important to note that several measures that were left on the cutting room floor could again resurface in the coming months, either as part of the rule-making process or potentially through standalone bills. The opioid legislation, however, was likely the best vehicle to see them move, and Congress isn't likely to pass anymore healthcare legislation this year.

Timeline: Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act



Outlook

As has been the case all along, the opioids package was built to move quickly. Health policy analysts largely say the legislation is a step in the right direction, but some believe that it does not include enough new dollars to make a lasting impact. Policies deemed too controversial, such as the Part 2 measure, were taken out of the bill so that the package could easily pass. President Trump has signaled his support, meaning the final package will likely be signed into law in the coming days.