

Senate Finance Committee Mark-Up Amendments

<i>Amendment</i>	<i>Title</i>	<i>Description</i>	<i>Result</i>
<i>Portman Amendment</i>	Synthetics Trafficking and Overdose Prevention (STOP) Act	Requires the United States Postal Service (USPS) to transmit Advance Electronic Data (AED) to Customs and Border Protection (CBP) on at least 70 percent of international mail arriving to the United States by December 31, 2018, and 100 percent by December 31, 2020; USPS is directed to refuse packages without AED after 2020, unless remedial action is taken	Under a previously negotiated agreement, the provision was ruled non-germane. But a modified version has bipartisan support and will be brought as a floor amendment during Senate debate
<i>Casey Amendment</i>	Medicare Opioid Recovery Emergency Savings Demonstration	Promotes affordable access to evidence-based opioid treatments in Medicare. Amends SSA Section 1115A(b)(2)(B) to specify that CMMI may test, subject to the existing statutory requirements, eliminating Medicare Part B, C, and D cost-sharing (including copayments, coinsurance and deductibles) for medications to treat opioid use disorders and reverse opioid overdose as well as for associated behavioral health services	Amendment defeated on a 12-14 voice vote
<i>Toomey Amendment</i>	Encouraging Appropriate Prescribing for Victims of Overdose Act	This amendment would modify the current Medicare drug management program and Medicaid drug use review programs to encourage appropriate prescribing for victims of opioid-related overdoses. Would require CMS to identify enrollees with a history of opioid-related overdose, and those potentially at-risk. Would do the same for Medicaid. Also known as the “lock-in” provision	Wyden and Democrats argued against the amendment, saying that it does not increase access to treatment services. Democrats also raised concerns that seniors or low-income enrollees do not have proper channels to appeal if they’ve been misidentified as being “at risk.” The chairman ruled the amendment non-germane
<i>Toomey Amendment</i>	Encouraging Appropriate Prescribing for Victims of Overdose in Medicare Act	Same as above, but it deals only with Medicare and not Medicaid	Amendment passed on a 16-11 vote
<i>Brown Amendment</i>	Lock-In Auto-escalation	Amend section 704 (the “lock-in” provision) of the Comprehensive Addiction and Recovery Act (CARA) to clarify that beneficiaries who are included in a Part D plan “lock-in” have the option to auto-escalate their appeals. In implementing section 704, CMS did not provide this option, as was intended by Congress. This amendment is a clarification of Congress’s original intent in the drafting of section 704. CBO said the measure has no budgetary affect	Amendment passed on a voice vote

<i>McCaskill</i>	Increasing Patient Advocacy Transparency	The amendment requires reporting of certain payments to patient advocacy groups and others. Specifically, it amends Title XI of the Social Security Act to require manufacturers required to report under the Physician Payments Sunshine Act – including opioid manufacturers and other pharmaceutical manufacturers, to publicly report payments made to the following types of organizations, in the same manner in which they currently report payments to physicians and teaching hospitals	Amendment was withdrawn, but with the understanding that more work would continue until it reaches the floor
<i>Nelson, Heller Amendment</i>	Opioid Workforce Act of 2018	Any provision of the Chairman’s modification to the Helping to End Addiction and Lessen (HEAL) Substance Use Disorders Act of 2018 should consider including S.2843, the Opioid Workforce Act, which would amend title XVII of the Social Security Act to provide for the distribution of addition residency positions to help combat the opioid crisis. The Opioid Workforce Act would create 1,000 new Medicare-supported medical residency positions at hospitals throughout the country to train new doctors in addiction medicine, addiction psychiatry, or pain management. Eligible hospitals would be able to add up to 25 full-time residency positions in their opioid-related medical residency programs	Offered then withdrawn