

# H.R. 6 – The SUPPORT for Patients and Communities Act

October 24, 2018

## Vizient Office of Public Policy and Government Relations

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### **Overview and Key Takeaways**

After several years and multiple congressional hearings, the President signed the [Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment \(SUPPORT\) for Patients and Communities Act](#) (H.R. 6) into law on October 24, 2018. This is a bipartisan, comprehensive law that includes efforts to tackle the opioid epidemic through various avenues – including treatment and recovery, prevention, community protection and fighting illicit fentanyl.

The SUPPORT for Patients and Communities Act builds upon earlier efforts by Congress and the administration to address the opioid crisis by increasing funding for certain programs aimed at decreasing opioid use and increasing access to substance use disorder (SUD) treatment and services. It includes provisions to expand access to telehealth services and removes outdated barriers to care by allowing state Medicaid programs to provide treatment in institutions for mental disease (IMDs). Additionally, the law provides funding for research opportunities to study opioid misuse, abuse and solutions to the current crisis.

While this law is seen as a significant step in the right direction and enjoys support from many different industries, including Vizient, it has left out some key provisions, including a [Vizient-endorsed provision](#) that would have improved care-coordination for patients with SUDs by allowing certain HIPAA-covered entities, such as physicians, access to their patients' entire medical record. Other key sections impacting the provider community are summarized below.

### **Medicaid Provisions**

#### ***Treatment under Medicaid***

- Directs the Centers for Medicare and Medicaid Services (CMS) to issue guidance to states on options for providing services via telehealth that address SUDs under Medicaid. Additionally, it directs CMS to issue guidance on states' options for treating and managing beneficiaries' pain through non-opioid pain treatment and management options.
- Directs the Secretary of Health and Human Services (HHS) to publish data, for each state, including statistics on the prevalence and treatment of substance abuse disorder among Medicaid beneficiaries.

#### ***Guidance on Non-Opioid Treatments***

- Directs CMS to issue guidance on states' options (e.g., under state plans or waivers) for treating and managing beneficiaries' pain through non-opioid pain treatment and management options.

#### ***Medicaid Coverage for Individuals in IMDs***

- Includes [Vizient-endorsed](#) provisions which provide states with the option to cover care in IMDs for Medicaid beneficiaries aged 21 to 64 with a SUD for fiscal years (FYs) 2019 to 2023. In allowing payment in IMDs for eligible individuals, state Medicaid programs may receive federal reimbursement for up to 30 total days of care in an IMD during a 12-month period.

## **Medicare Provisions**

### ***Telehealth Treatment under Medicare***

- Beginning July 1, 2019, expands the use of telehealth services by eliminating certain statutory originating site requirements for telehealth services furnished to Medicare beneficiaries for the treatment of SUDs and co-occurring mental health disorders. It allows payment for those services furnished via telehealth at originating sites, including a beneficiary's home.

### ***Guidance on Pain Management and Opioid Use Disorder Prevention***

- Requires the Secretary of HHS to develop a toolkit that provides best practices to hospitals for reducing opioid use, and to post the toolkit including this guidance on the CMS website by July 1, 2019. In developing the guidance, the agency will consult with relevant health care stakeholders.
- Requires the Secretary to publish on the CMS website (and update periodically) all opioid prescribing guidance published after January 1, 2016, applicable to Medicare beneficiaries.

### ***Quality Measures Related to Opioids and Reducing Opioid Use in the Surgical Setting***

- Requires the Secretary of HHS to organize a technical expert panel (TEP) to review quality measures relating to opioids and opioid use disorder treatments furnished under Medicare and other federal health care programs – including care, prevention, diagnosis, health outcomes and treatments. The TEP will make recommendations regarding revisions of existing quality measures, development of new measures and recommendations for inclusion of such measures in value-based payment programs.
- Directs the Secretary to organize a TEP to provide recommendations on reducing opioid use within the surgical setting, as well as best practices for pain management. The Secretary will submit a public report on the TEP's recommendations for broad implementation of pain management protocols which limit opioid use in the perioperative setting.

### ***Revising HCAHPS Survey Measures Relating to Pain Management***

- Beginning in calendar year (CY) 2020, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey may not include questions about communication by hospital staff with an individual about pain – unless the questions take into account whether a patient experiencing pain was informed about the risks of opioids and about non-opioid alternatives.

## **Other Notable Provisions**

### ***Increasing Access to Medication-Assisted Treatment (MAT)***

- Provides for additional flexibility for health care providers to treat patients through MAT. It allows clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives to prescribe or dispense MAT. It also makes the prescribing authority permanent for physician assistants and nurse practitioners.

### ***Jessie's Law***

- Requires HHS to develop best practices for displaying SUD treatment information in electronic health records, when requested by the patient.
- Requires the Secretary to remind providers annually that during an emergency – such as an overdose – that sharing certain health information with family members, caregivers and health care providers is allowed under current federal privacy laws.

### ***Model Training Programs for Patient Record Privacy***

- Requires HHS to identify model programs and materials to better train and educate providers, patients and families regarding the permitted uses and disclosures of patient records related to treatment for SUDs.

### ***Opioid Epidemic Action Plan***

- Establishes an action plan – including studies, HHS-authored reports to Congress and meetings with stakeholders – to make recommendations on changes under Medicare and Medicaid to prevent opioid addiction and enhance access to MAT.