

HR 5605

Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act

Congress: 115 (2017–2019, Ended)

Chamber: House

Policy Area: Health

Introduced: Apr 24, 2018

Current Status: Received in the Senate and Read twice and referred to the Committee on Finance.

Latest Action: Received in the Senate and Read twice and referred to the Committee on Finance. (Jun 20, 2018)

Official Text: <https://www.congress.gov/bill/115th-congress/house-bill/5605>

Sponsor

Name: Rep. Ruiz, Raul [D-CA-36]

Party: Democratic • **State:** CA • **Chamber:** House

Cosponsors (2 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Blackburn, Marsha [R-TN-7]	R · TN		May 24, 2018
Rep. Walden, Greg [R-OR-2]	R · OR		May 24, 2018

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Reported By	Jun 12, 2018
Finance Committee	Senate	Referred To	Jun 20, 2018
Ways and Means Committee	House	Referred to	May 1, 2018

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
115 HR 6	Related bill	Oct 24, 2018: Became Public Law No: 115-271.
115 HR 3528	Related bill	Jun 12, 2018: Placed on the Union Calendar, Calendar No. 582.
115 S 2460	Related bill	Feb 27, 2018: Read twice and referred to the Committee on Finance.

Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act

(Sec. 2) This bill requires the Centers for Medicare & Medicaid Services (CMS) to carry out a demonstration program to: (1) increase access to opioid-use disorder treatment services for Medicare beneficiaries, (2) improve physical and mental health outcomes for such beneficiaries, and (3) reduce Medicare expenditures.

Opioid-use disorder care teams of practitioners may apply for participation in the demonstration project. The CMS must establish a performance-based incentive payment for participants.

(Sec. 3) The bill also requires prescriptions for controlled substances that are covered under the Medicare prescription drug benefit or Medicare Advantage prescription drug plans to be transmitted via electronic prescription programs. The CMS may waive such requirements under specified circumstances.

Actions Timeline

- **Jun 20, 2018:** Received in the Senate and Read twice and referred to the Committee on Finance.
- **Jun 19, 2018:** Mr. Walden moved to suspend the rules and pass the bill, as amended.
- **Jun 19, 2018:** Considered under suspension of the rules. (consideration: CR H5239-5243)
- **Jun 19, 2018:** DEBATE - The House proceeded with forty minutes of debate on H.R. 5605.
- **Jun 19, 2018:** Passed/agreed to in House: On motion to suspend the rules and pass the bill, as amended Agreed to by voice vote.(text: CR H5239-5241)
- **Jun 19, 2018:** On motion to suspend the rules and pass the bill, as amended Agreed to by voice vote. (text: CR H5239-5241)
- **Jun 19, 2018:** Motion to reconsider laid on the table Agreed to without objection.
- **Jun 19, 2018:** The title of the measure was amended. Agreed to without objection.
- **Jun 12, 2018:** Reported (Amended) by the Committee on Energy and Commerce. H. Rept. 115-744, Part I.
- **Jun 12, 2018:** Committee on Ways and Means discharged.
- **Jun 12, 2018:** Placed on the Union Calendar, Calendar No. 578.
- **May 17, 2018:** Committee Consideration and Mark-up Session Held.
- **May 17, 2018:** Ordered to be Reported (Amended) by Voice Vote.
- **May 1, 2018:** Referred to the Subcommittee on Health.
- **Apr 24, 2018:** Introduced in House
- **Apr 24, 2018:** Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.