

HR 5776

MOST Act

Congress: 115 (2017–2019, Ended)

Chamber: House

Policy Area: Health

Introduced: May 11, 2018

Current Status: Reported (Amended) by the Committee on Ways and Means. H. Rept. 115-764, Part I.

Latest Action: Reported (Amended) by the Committee on Ways and Means. H. Rept. 115-764, Part I. (Jun 19, 2018)

Official Text: <https://www.congress.gov/bill/115th-congress/house-bill/5776>

Sponsor

Name: Rep. Neal, Richard E. [D-MA-1]

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

Cosponsors (3 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Cartwright, Matt [D-PA-17]	D · PA		May 11, 2018
Rep. Holding, George [R-NC-2]	R · NC		May 11, 2018
Rep. Taylor, Scott [R-VA-2]	R · VA		May 11, 2018

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred To	May 11, 2018
Ways and Means Committee	House	Referred to	May 31, 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 HRES 1099	Related bill	Sep 28, 2018: Motion to reconsider laid on the table Agreed to without objection.
115 S 3008	Related bill	Jun 6, 2018: Read twice and referred to the Committee on Finance.
115 HR 5778	Related bill	May 31, 2018: Referred to the Subcommittee on Health.
115 HR 5790	Related bill	May 31, 2018: Referred to the Subcommittee on Health.
115 HR 5769	Related bill	May 30, 2018: Referred to the Subcommittee on Health.
115 HR 5722	Related bill	May 25, 2018: Referred to the Subcommittee on Health.
115 HR 5725	Related bill	May 23, 2018: Referred to the Subcommittee on Health.
115 S 2875	Related bill	May 17, 2018: Read twice and referred to the Committee on Finance.

Medicare and Opioid Safe Treatment Act or the MOST Act

This bill establishes several requirements for the Centers for Medicare & Medicaid Services (CMS), and alters requirements under Medicare and Medicare Advantage, related to pain management and opioid use.

For example, the bill requires certified opioid treatment program services to be covered under Medicare.

Additionally, among other requirements, the CMS must review payments under Medicare for opioid and non-opioid pain management procedures, specifically with respect to ambulatory outpatient surgical procedures and hospital outpatient department services. The CMS must ensure that there are no payment incentives for using opioids instead of non-opioid alternatives and must make revisions accordingly.

The bill also requires payment under Medicare to federally qualified health centers and rural health clinics that have health care practitioners who are newly certified to provide medication-assisted treatment (e.g., buprenorphine).

Actions Timeline

- **Jun 19, 2018:** Reported (Amended) by the Committee on Ways and Means. H. Rept. 115-764, Part I.
- **May 31, 2018:** Referred to the Subcommittee on Health.
- **May 16, 2018:** Committee Consideration and Mark-up Session Held.
- **May 16, 2018:** Ordered to be Reported (Amended) by Voice Vote.
- **May 11, 2018:** Introduced in House
- **May 11, 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.