

## HR 6

### SUPPORT for Patients and Communities Act

**Congress:** 115 (2017–2019, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** Jun 13, 2018

**Current Status:** Became Public Law No: 115-271.

**Latest Action:** Became Public Law No: 115-271. (Oct 24, 2018)

**Law:** 115-271 (Enacted Oct 24, 2018)

**Official Text:** <https://www.congress.gov/bill/115th-congress/house-bill/6>

### Sponsor

**Name:** Rep. Walden, Greg [R-OR-2]

**Party:** Republican • **State:** OR • **Chamber:** House

### Cosponsors (16 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Brady, Kevin [R-TX-8]	R · TX		Jun 13, 2018
Rep. Burgess, Michael C. [R-TX-26]	R · TX		Jun 13, 2018
Rep. DeFazio, Peter A. [D-OR-4]	D · OR		Jun 13, 2018
Rep. Foxx, Virginia [R-NC-5]	R · NC		Jun 13, 2018
Rep. Goodlatte, Bob [R-VA-6]	R · VA		Jun 13, 2018
Rep. Neal, Richard E. [D-MA-1]	D · MA		Jun 13, 2018
Rep. Pallone, Frank, Jr. [D-NJ-6]	D · NJ		Jun 13, 2018
Rep. Roe, David P. [R-TN-1]	R · TN		Jun 13, 2018
Rep. Shuster, Bill [R-PA-9]	R · PA		Jun 13, 2018
Rep. Walz, Timothy J. [D-MN-1]	D · MN		Jun 13, 2018
Rep. Kuster, Ann M. [D-NH-2]	D · NH		Jun 14, 2018
Rep. Guthrie, Brett [R-KY-2]	R · KY		Jun 19, 2018
Rep. Sessions, Pete [R-TX-32]	R · TX		Jun 19, 2018
Rep. Sinema, Kyrsten [D-AZ-9]	D · AZ		Jun 19, 2018
Rep. MacArthur, Thomas [R-NJ-3]	R · NJ		Jun 20, 2018
Rep. Stivers, Steve [R-OH-15]	R · OH		Jun 21, 2018

### Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred To	Jun 13, 2018
Judiciary Committee	House	Referred to	Jun 13, 2018
Ways and Means Committee	House	Referred to	Jun 14, 2018

## Subjects & Policy Tags

---

### Policy Area:

Health

## Related Bills

Bill	Relationship	Last Action
115 S 3509	Related bill	<b>Oct 11, 2018:</b> Became Public Law No: 115-268.
115 HRES 1099	Related bill	<b>Sep 28, 2018:</b> Motion to reconsider laid on the table Agreed to without objection.
115 HR 6902	Related bill	<b>Sep 26, 2018:</b> Referred to the House Committee on the Judiciary.
115 HR 6878	Related bill	<b>Sep 25, 2018:</b> Referred to the House Committee on the Judiciary.
115 S 3489	Related bill	<b>Sep 25, 2018:</b> Read twice and referred to the Committee on Finance.
115 S 3500	Related bill	<b>Sep 25, 2018:</b> Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 2147	Related bill	<b>Sep 17, 2018:</b> Became Public Law No: 115-240.
115 HR 6778	Related bill	<b>Sep 12, 2018:</b> Referred to the House Committee on Energy and Commerce.
115 HR 6779	Related bill	<b>Sep 12, 2018:</b> Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, 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.
115 S 3383	Related bill	<b>Aug 23, 2018:</b> Read twice and referred to the Committee on Finance.
115 S 3384	Related bill	<b>Aug 23, 2018:</b> Read twice and referred to the Committee on Finance.
115 S 3356	Related bill	<b>Aug 21, 2018:</b> Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 S 3327	Related bill	<b>Aug 1, 2018:</b> Read twice and referred to the Committee on Finance.
115 HR 6047	Related bill	<b>Jul 30, 2018:</b> Referred to the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations.
115 S 1091	Related bill	<b>Jul 7, 2018:</b> Became Public Law No: 115-196.
115 S 2842	Related bill	<b>Jun 27, 2018:</b> Placed on Senate Legislative Calendar under General Orders. Calendar No. 490.
115 HR 6110	Related bill	<b>Jun 25, 2018:</b> Referred to the Subcommittee on Health.
115 S 3120	Related bill	<b>Jun 25, 2018:</b> Placed on Senate Legislative Calendar under General Orders. Calendar No. 484.
115 HR 5797	Related bill	<b>Jun 21, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Finance.
115 HR 3192	Related bill	<b>Jun 20, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Finance.
115 HR 4005	Related bill	<b>Jun 20, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Finance.
115 HR 5590	Related bill	<b>Jun 20, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Finance.
115 HR 5605	Related bill	<b>Jun 20, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Finance.

Bill	Relationship	Last Action
115 HR 5676	Related bill	<b>Jun 20, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Finance.
115 HR 5687	Related bill	<b>Jun 20, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5723	Related bill	<b>Jun 20, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Finance.
115 HR 5773	Related bill	<b>Jun 20, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Finance.
115 HR 5774	Related bill	<b>Jun 20, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Finance.
115 HR 5775	Related bill	<b>Jun 20, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Finance.
115 HR 5796	Related bill	<b>Jun 20, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Finance.
115 HR 5801	Related bill	<b>Jun 20, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Finance.
115 HR 5811	Related bill	<b>Jun 20, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HRES 949	Procedurally related	<b>Jun 20, 2018:</b> Motion to reconsider laid on the table Agreed to without objection.
115 HR 5776	Related bill	<b>Jun 19, 2018:</b> Reported (Amended) by the Committee on Ways and Means. H. Rept. 115-764, Part I.
115 HR 6133	Related bill	<b>Jun 19, 2018:</b> Referred to the House Committee on Energy and Commerce.
115 S 2837	Related bill	<b>Jun 19, 2018:</b> Placed on Senate Legislative Calendar under General Orders. Calendar No. 471.
115 HR 2851	Related bill	<b>Jun 18, 2018:</b> Received in the Senate and Read twice and referred to the Committee on the Judiciary.
115 HR 5735	Related bill	<b>Jun 18, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Banking, Housing, and Urban Affairs.
115 HR 5788	Related bill	<b>Jun 18, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Finance.
115 HR 3331	Related bill	<b>Jun 14, 2018:</b> Read twice and referred to the Committee on Finance.
115 HR 4635	Related bill	<b>Jun 14, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Veterans' Affairs.
115 HR 5294	Related bill	<b>Jun 14, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Environment and Public Works.
115 HR 5752	Related bill	<b>Jun 14, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5889	Related bill	<b>Jun 14, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5890	Related bill	<b>Jun 14, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5891	Related bill	<b>Jun 14, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5892	Related bill	<b>Jun 14, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Bill	Relationship	Last Action
115 HR 6029	Related bill	<b>Jun 14, 2018:</b> Received in the Senate and Read twice and referred to the Committee on the Judiciary.
115 HR 449	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 4275	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 4284	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 4684	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5002	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5009	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5041	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on the Judiciary.
115 HR 5102	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5176	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5197	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5228	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5261	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5272	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5327	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5329	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5353	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5483	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5582	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Finance.
115 HR 5583	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Finance.
115 HR 5587	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5685	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Finance.
115 HR 5800	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Finance.
115 HR 5804	Related bill	<b>Jun 13, 2018:</b> Placed on the Union Calendar, Calendar No. 585.
115 HR 5809	Related bill	<b>Jun 13, 2018:</b> Placed on the Union Calendar, Calendar No. 586.

Bill	Relationship	Last Action
115 HR 5812	Related bill	<b>Jun 13, 2018:</b> Received in the Senate and Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 1925	Related bill	<b>Jun 12, 2018:</b> Placed on the Union Calendar, Calendar No. 572.
115 HR 3528	Related bill	<b>Jun 12, 2018:</b> Placed on the Union Calendar, Calendar No. 582.
115 HR 4841	Related bill	<b>Jun 12, 2018:</b> Placed on the Union Calendar, Calendar No. 581.
115 HR 4998	Related bill	<b>Jun 12, 2018:</b> Placed on the Union Calendar, Calendar No. 567.
115 HR 5477	Related bill	<b>Jun 12, 2018:</b> Placed on the Union Calendar, Calendar No. 566.
115 HR 5603	Related bill	<b>Jun 12, 2018:</b> Placed on the Union Calendar, Calendar No. 579.
115 HR 5675	Related bill	<b>Jun 12, 2018:</b> Placed on the Union Calendar, Calendar No. 577.
115 HR 5684	Related bill	<b>Jun 12, 2018:</b> Placed on the Union Calendar, Calendar No. 576.
115 HR 5686	Related bill	<b>Jun 12, 2018:</b> Placed on the Union Calendar, Calendar No. 575.
115 HR 5715	Related bill	<b>Jun 12, 2018:</b> Reported (Amended) by the Committee on Energy and Commerce. H. Rept. 115-737, Part I.
115 HR 5716	Related bill	<b>Jun 12, 2018:</b> Placed on the Union Calendar, Calendar No. 574.
115 HR 5789	Related bill	<b>Jun 12, 2018:</b> Placed on the Union Calendar, Calendar No. 565.
115 HR 5798	Related bill	<b>Jun 12, 2018:</b> Placed on the Union Calendar, Calendar No. 573.
115 HR 5799	Related bill	<b>Jun 12, 2018:</b> Placed on the Union Calendar, Calendar No. 563.
115 HR 5808	Related bill	<b>Jun 12, 2018:</b> Placed on the Union Calendar, Calendar No. 561.
115 HR 5810	Related bill	<b>Jun 12, 2018:</b> Placed on the Union Calendar, Calendar No. 562.
115 S 3053	Related bill	<b>Jun 12, 2018:</b> Read twice and referred to the Committee on Finance.
115 S 3057	Related bill	<b>Jun 12, 2018:</b> Read twice and referred to the Committee on Finance.
115 S 3008	Related bill	<b>Jun 6, 2018:</b> Read twice and referred to the Committee on Finance.
115 HR 6004	Related bill	<b>Jun 5, 2018:</b> Referred to the House Committee on Energy and Commerce.
115 HR 5778	Related bill	<b>May 31, 2018:</b> Referred to the Subcommittee on Health.
115 HR 5790	Related bill	<b>May 31, 2018:</b> Referred to the Subcommittee on Health.
115 HR 5769	Related bill	<b>May 30, 2018:</b> Referred to the Subcommittee on Health.
115 HR 5722	Related bill	<b>May 25, 2018:</b> Referred to the Subcommittee on Health.

Bill	Relationship	Last Action
115 HR 5714	Related bill	<b>May 23, 2018:</b> Referred to the Subcommittee on Health.
115 HR 5725	Related bill	<b>May 23, 2018:</b> Referred to the Subcommittee on Health.
115 HR 5926	Related bill	<b>May 23, 2018:</b> Referred to the House Committee on Energy and Commerce.
115 S 2899	Related bill	<b>May 22, 2018:</b> Read twice and referred to the Committee on Finance.
115 S 2905	Related bill	<b>May 22, 2018:</b> Read twice and referred to the Committee on Finance.
115 S 2908	Related bill	<b>May 22, 2018:</b> Read twice and referred to the Committee on Finance.
115 S 2909	Related bill	<b>May 22, 2018:</b> Read twice and referred to the Committee on Finance.
115 S 2911	Related bill	<b>May 22, 2018:</b> Read twice and referred to the Committee on Finance.
115 S 2921	Related bill	<b>May 22, 2018:</b> Read twice and referred to the Committee on Finance.
115 S 2923	Related bill	<b>May 22, 2018:</b> Read twice and referred to the Committee on Finance.
115 S 2926	Related bill	<b>May 22, 2018:</b> Read twice and referred to the Committee on Finance.
115 HR 5580	Related bill	<b>May 17, 2018:</b> Ordered to be Reported by Voice Vote.
115 HR 5806	Related bill	<b>May 17, 2018:</b> Ordered to be Reported by the Yeas and Nays: 31 - 23.
115 S 2875	Related bill	<b>May 17, 2018:</b> Read twice and referred to the Committee on Finance.
115 HR 5802	Related bill	<b>May 15, 2018:</b> Referred to the House Committee on Energy and Commerce.
115 HR 5695	Related bill	<b>May 11, 2018:</b> Referred to the Subcommittee on Health.
115 S 1732	Related bill	<b>May 11, 2018:</b> Referred to the Subcommittee on Health.
115 HR 5679	Related bill	<b>May 7, 2018:</b> Referred to the Committee on Education and the Workforce, and in addition to the Committee on Energy and Commerce, 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.
115 HR 5646	Related bill	<b>Apr 27, 2018:</b> Referred to the House Committee on Energy and Commerce.
115 S 2711	Related bill	<b>Apr 19, 2018:</b> Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 S 2568	Related bill	<b>Mar 19, 2018:</b> Read twice and referred to the Committee on Finance.
115 HR 5021	Related bill	<b>Mar 8, 2018:</b> Referred to the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations.
115 S 2524	Related bill	<b>Mar 8, 2018:</b> Read twice and referred to the Committee on Health, Education, Labor, and Pensions.
115 HR 5151	Related bill	<b>Mar 2, 2018:</b> Referred to the Subcommittee on Health.

Bill	Relationship	Last Action
115 S 1327	Related bill	<b>Jun 8, 2017:</b> Read twice and referred to the Committee on the Judiciary.

**Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act or the SUPPORT for Patients and Communities Act**

**TITLE I--MEDICAID PROVISIONS TO ADDRESS THE OPIOID CRISIS**

(Sec. 1001) The bill prohibits termination of Medicaid eligibility for juveniles who are inmates of public institutions.

(Sec. 1003) The Centers for Medicare & Medicaid Services (CMS) must establish a demonstration project to increase provider treatment capacity for substance-use disorders.

(Sec. 1004) State Medicaid programs must establish drug-review and utilization requirements, including safety measures for subsequent prescriptions of opioids.

(Sec. 1006) The bill extends the enhanced federal matching rate for expenditures regarding substance-use disorder health-home services under Medicaid.

The bill also temporarily requires coverage of medication-assisted treatment under Medicaid.

(Sec. 1007) The bill allows state Medicaid programs to cover residential pediatric recovery center services for infants with neonatal abstinence syndrome.

(Sec. 1012) States may also receive federal payment under Medicaid for outside services that are provided to pregnant and postpartum women who are substance-use disorder patients at institutions for mental diseases (IMDs).

(Sec. 1016) State Medicaid agencies, to the extent permitted under state law, may also access prescription drug monitoring programs (PDMPs), facilitate access to PDMPs for Medicaid providers and managed care entities, and share accessed information with such providers and entities.

**TITLE II--MEDICARE PROVISIONS TO ADDRESS THE OPIOID CRISIS**

(Sec. 2001) The bill exempts substance-use disorder telehealth services from specified requirements, such as geographic restrictions, under Medicare.

(Sec. 2002) The initial examination for new enrollees and annual wellness visits under Medicare must include a substance-use disorder screening and a review of any current opioid prescriptions.

(Sec. 2003) In general, prescriptions for controlled substances that are covered drugs under Medicare must be transmitted through electronic prescription programs.

(Sec. 2004) Medicare prescription drug plan sponsors must establish drug-management programs for at-risk beneficiaries.

(Sec. 2005) The bill also requires coverage for services provided by certified opioid-treatment programs under Medicare.

(Sec. 2006) The CMS must notify Medicare prescription drug plan sponsors about individuals who have a history of opioid-related overdoses, so that such individuals are included in drug-management programs for at-risk beneficiaries.

(Sec. 2008) The bill authorizes the suspension of payments to a pharmacy under the Medicare prescription drug benefit

and Medicare Advantage (MA) prescription drug plans pending the investigation of a credible allegation of fraud by the pharmacy.

## TITLE III--FDA AND CONTROLLED SUBSTANCE PROVISIONS

### Subtitle A--FDA Provisions

#### Chapter 1--In General

(Sec. 3001) The Food and Drug Administration (FDA) must issue guidance that addresses the challenges of developing nonaddictive products to treat pain and addiction.

(Sec. 3002) The FDA must also issue guidance regarding the prescription of opioid analgesics for pain management.

#### Chapter 2--Stop Counterfeit Drugs by Regulating and Enhancing Enforcement Now

##### *Stop Counterfeit Drugs by Regulating and Enhancing Enforcement Now Act or the SCREEN Act*

(Sec. 3012) The bill requires the FDA to halt the distribution of a controlled substance that is found to be a public hazard and, if appropriate, order the controlled substance to be recalled.

(Sec. 3013) The FDA may consider all drugs from a single manufacturer, distributor, or importer as adulterated or misbranded if a pattern emerges, unless otherwise shown.

(Sec. 3014) The FDA must coordinate with the Department of Homeland Security and the U.S. Postal Service to improve screening and identification of unlawful controlled substances at international drug import facilities.

#### Chapter 3--Stop Illicit Drug Importation

##### *Stop Illicit Drug Importation Act of 2018*

(Sec. 3022) The FDA may prohibit a person from importing drugs or controlled substances under specified circumstances, including if the person has shown a pattern of importing adulterated or misbranded drugs that pose a serious health threat.

The bill also prohibits the importation, in accordance with specified criteria, of counterfeit drugs and drugs that pose a significant public health concern.

#### Chapter 4--Securing Opioids and Unused Narcotics with Deliberate Disposal and Packaging

##### *Securing Opioids and Unused Narcotics with Deliberate Disposal and Packaging Act of 2018 or the SOUND Disposal and Packaging Act*

(Sec. 3032) The FDA may require certain packaging and disposal measures to mitigate the risk of abuse or misuse of a drug.

#### Chapter 5--Postapproval Study Requirements

(Sec. 3041) The FDA may also require a post-approval study for certain drugs in order to assess potential reduced effectiveness.

## Subtitle B--Controlled Substance Provisions

### Chapter 1--More Flexibility with Respect to Medication-Assisted Treatment for Opioid Use Disorders

(Sec. 3201) The bill increases the maximum number of patients that health care practitioners may initially treat with medication-assisted treatment (i.e., under a buprenorphine waiver).

(Sec. 3204) The bill amends the Controlled Substances Act to allow a pharmacy to deliver a controlled substance to a practitioner, in accordance with a prescription, to be administered to a specific patient for maintenance or detoxification treatment.

### Chapter 2--Empowering Pharmacists in the Fight Against Opioid Abuse

#### *Empowering Pharmacists in the Fight Against Opioid Abuse Act*

(Sec. 3212) The Department of Health and Human Services (HHS) must develop training programs and materials on the circumstances under which a pharmacist may refuse to fill a controlled substance prescription suspected to be fraudulent, forged, or of suspicious origin.

### Chapter 3--Safe Disposal of Unused Medication

#### *Safe Disposal of Unused Medication Act*

(Sec. 3222) The bill allows a hospice employee, under specified circumstances, to handle lawfully dispensed controlled substances of a hospice patient in order to assist with disposal of the controlled substances, so long as such disposal occurs onsite in accordance with applicable law.

### Chapter 4--Special Registration for Telemedicine Clarification

#### *Special Registration for Telemedicine Clarification Act of 2018*

(Sec. 3232) The bill establishes a deadline for the Drug Enforcement Administration (DEA) to promulgate regulations for the special registration of practitioners to practice telemedicine.

### Chapter 5--Synthetic Abuse and Labeling of Toxic Substances

(Sec. 3241) The bill also sets forth factors that may be considered to determine whether a controlled substance analogue is intended for human consumption. Under current law, a controlled substance analogue that is intended for human consumption is treated as a schedule I controlled substance and is subject to certain regulatory controls.

### Chapter 6--Access to Increased Drug Disposal

#### *Access to Increased Drug Disposal Act of 2018*

(Sec. 3252) The bill directs the Office of Justice Programs in the Department of Justice (DOJ) to award grants to states to increase the number of pharmacies and other eligible entities (e.g., narcotic treatment programs) that collect unused prescription drugs for disposal. Grants must be used for costs associated with the collection and disposal of such drugs.

### Chapter 7--Using Data to Prevent Opioid Diversion

## *Using Data to Prevent Opioid Diversion Act of 2018*

(Sec. 3272) In order to identify and prevent drug diversion, the DEA must use an automated data system to inform drug manufacturers and distributors about the quantity and type of opioids that are distributed to pharmacies and practitioners.

### Chapter 8--Opioid Quota Reform

#### *Opioid Quota Reform Act*

(Sec. 3282) The DEA must also estimate the extent of any diversion of specified controlled substances (e.g., fentanyl) when determining manufacturing quotas for such substances. In estimating diversion rates, the DEA must consider information relating to overdose deaths and abuse of such substances.

### Chapter 9--Preventing Drug Diversion

#### *Preventing Drug Diversion Act of 2018*

(Sec. 3292) The bill also establishes reporting requirements regarding suspicious orders of controlled substances; information must be collected in a centralized DEA database and shared with states.

### TITLE IV--OFFSETS

(Sec. 4001) The bill temporarily eliminates the enhanced federal matching rate for Medicaid expenditures regarding specified medical services provided by certain managed care organizations.

(Sec. 4003) The bill amends the Internal Revenue Code to expand the religious conscience exemption under the Patient Protection and Affordable Care Act to exempt individuals who rely solely on a religious method of healing and for whom the acceptance of medical health services would be inconsistent with their religious beliefs from the requirement to purchase and maintain minimum essential health care coverage.

### TITLE V--OTHER MEDICAID PROVISIONS

#### Subtitle A--Mandatory Reporting with Respect to Adult Behavioral Health Measures

(Sec. 5001) The bill requires certain Medicaid quality health measures to include behavioral health measures.

#### Subtitle B--Medicaid IMD Additional Info

*Medicaid Institutes for Mental Disease Are Decisive in Delivering Inpatient Treatment for Individuals but Opportunities for Needed Access are Limited without Information Needed about Facility Obligations Act or the Medicaid IMD ADDITIONAL INFO Act*

(Sec. 5012) The Medicaid and Children's Health Insurance Program (CHIP) Payment and Access Commission must report on information relating to services for Medicaid enrollees who are patients in IMDs, including the number and type of IMDs in each sampled state, services offered, and funding sources.

#### Subtitle C--CHIP Mental Health and Substance Use Disorder Parity

#### *CHIP Mental Health and Substance Use Disorder Parity Act*

(Sec. 5022) CHIP plans must cover mental health and substance-use disorder services. Financial requirements and treatment limitations applicable to such services shall not differ from those applicable to other medical services under CHIP.

#### Subtitle D--Medicaid Reentry

##### *Medicaid Reentry Act*

(Sec. 5032) The CMS must convene a stakeholder workgroup in order to develop best practices for states to help inmates released from public institutions transition to the community with health care (such as by ensuring continuity of health insurance or Medicaid coverage). The CMS must also issue a letter to states outlining opportunities for Medicaid demonstration waivers based on identified best practices.

#### Subtitle E--Medicaid Partnership

##### *Medicaid Providers Are Required To Note Experiences in Record Systems to Help In-need Patients Act or the Medicaid PARTNERSHIP Act*

(Sec. 5042) Each state must establish a qualifying PDMP and require health care providers to check the PDMP for a Medicaid enrollee's prescription drug history before prescribing controlled substances to the enrollee.

#### Subtitle F--IMD CARE Act

##### *Individuals in Medicaid Deserve Care that is Appropriate and Responsible in its Execution Act or the IMD CARE Act*

(Sec. 5052) The bill temporarily allows states to apply to receive federal Medicaid payment for specified services provided in IMDs for enrollees (aged 21 to 64) with substance-use disorders. Services may be covered for a total of up to 30 days in a 12-month period for an eligible enrollee.

Current law generally prohibits federal payment under Medicaid for services provided in IMDs for individuals under the age of 65 (although states may receive payment through certain mechanisms, such as through a Medicaid demonstration waiver).

#### Subtitle G--Medicaid Improvement Fund

(Sec. 5061) The bill reauthorizes annual funding for the Medicaid Improvement Fund beginning in FY2021. (The fund is used to improve management of the Medicaid program by the CMS, such as through demonstration project evaluations.)

### TITLE VI--OTHER MEDICARE PROVISIONS

#### Subtitle A--Testing of Incentive Payments for Behavioral Health Providers for Adoption and Use of Certified Electronic Health Record Technology

(Sec. 6001) The Center for Medicare and Medicaid Innovation may test models to provide incentive payments to behavioral health providers for adopting electronic health records technology and for using that technology to improve the quality and coordination of care.

#### Subtitle B--Abuse Deterrent Access

##### *Abuse Deterrent Access Act of 2018*

(Sec. 6012) The CMS must report on the adequacy of access to abuse-deterrent opioid formulations for individuals with chronic pain enrolled in a prescription drug plan under Medicare or MA, as well as the effectiveness and impact of such formulations.

#### Subtitle C--Medicare Opioid Safety Education

(Sec. 6021) The CMS must provide Medicare beneficiaries with educational resources regarding opioid use and pain management, as well as descriptions of covered alternative (non-opioid) pain-management treatments.

#### Subtitle D--Opioid Addiction Action Plan

##### *Opioid Addiction Action Plan Act*

(Sec. 6032) The CMS must develop an action plan to provide recommendations on changes to the Medicare and Medicaid programs to enhance the treatment and prevention of opioid addiction, as well as coverage and payment of medication-assisted treatment.

The CMS must also publish a report that includes an evaluation of price trends for opioid overdose-reversal drugs (e.g., naloxone) and recommendations on ways to lower consumer prices for such drugs.

#### Subtitle E--Advancing High Quality Treatment for Opioid Use Disorders in Medicare

##### *Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act*

(Sec. 6042) The CMS must carry out a demonstration program to increase access to opioid-use disorder treatment services for Medicare beneficiaries, improve physical and mental health outcomes for such beneficiaries, and reduce Medicare expenditures.

#### Subtitle F--Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment

##### *Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment Act of 2018 or the REACH OUT Act of 2018*

(Sec. 6052) The CMS must also award grants, contracts, or cooperative agreements to qualifying organizations in order to support efforts to curb outlier prescribers of opioids under the Medicare prescription drug benefit and MA prescription drug plans.

#### Subtitle G--Preventing Addiction for Susceptible Seniors

##### *Preventing Addiction for Susceptible Seniors Act of 2018 or the PASS Act of 2018*

(Sec. 6062) The bill requires electronic prescription programs to be able to securely transmit prior authorization requests for covered drugs under Medicare.

(Sec. 6063) The CMS must also establish a secure online portal to allow data sharing among the CMS, Medicare prescription drug benefit plans, and MA plans. The portal must also support referrals by such plans of substantiated fraud, waste, or abuse.

(Sec. 6064) The bill also establishes individuals who are identified as at-risk beneficiaries for prescription drug abuse as qualifying participants in medication therapy management programs under the Medicare prescription drug benefit.

(Sec. 6065) The CMS must also identify outlier prescribers of opioids under Medicare prescription drug benefit plans and MA plans, based on specialty and geographic area, and annually notify such prescribers of their status.

#### Subtitle H--Expanding Oversight of Opioid Prescribing and Payment

##### *Expanding Oversight of Opioid Prescribing and Payment Act of 2018*

(Sec. 6072) The Medicare Payment Advisory Commission must report on Medicare payment for opioid and non-opioid pain management treatments, current incentives for prescribing opioid and non-opioid treatments, and how opioid use is currently tracked and monitored.

#### Subtitle I--Dr. Todd Graham Pain Management, Treatment, and Recovery

##### *Dr. Todd Graham Pain Management, Treatment, and Recovery Act of 2018*

(Sec. 6082) 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.

(Sec. 6083) 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).

(Sec. 6085) The Center for Medicare and Medicaid Innovation may test models to help individuals learn about the availability of psychologist services under Medicare, as well as to explore the use of a behavioral health help-line that is available 24-7 to prevent unnecessary hospitalizations and emergency department visits.

#### Subtitle J--Combating Opioid Abuse for Care in Hospitals

##### *Combating Opioid Abuse for Care in Hospitals Act of 2018 or the COACH Act of 2018*

(Sec. 6092) The CMS must publish guidance for hospitals on pain management and opioid-use disorder prevention strategies for Medicare beneficiaries.

Technical expert panels must also recommend opioid-use disorder quality measures for hospital reports, methods to reduce opioid use in surgical settings, and pain-management strategies.

#### Subtitle K--Providing Reliable Options for Patients and Educational Resources

##### *Providing Reliable Options for Patients and Educational Resources Act of 2018 or the PROPER Act of 2018*

(Sec. 6102) Medicare and MA prescription drug plan sponsors must annually disclose information to enrollees about the risks of prolonged opioid use, as well as coverage of nonpharmacological therapies, devices, and non-opioid medications.

(Sec. 6103) The bill also requires Medicare medication therapy management programs and MA in-home health-risk assessments to include information about the safe disposal of prescription drugs.

(Sec. 6104) The bill prohibits inclusion of pain-management questions in certain health care system surveys, unless the

questions address the risks of opioid use and the availability of non-opioid alternatives.

#### Subtitle L--Fighting the Opioid Epidemic With Sunshine

(Sec. 6111) The bill expands Medicaid and Medicare reporting requirements related to the transparency of physician ownership or investment interests by including additional health care practitioners (e.g., physician assistants and nurses) in such requirements.

### TITLE VII--PUBLIC HEALTH PROVISIONS

#### Subtitle A--Awareness and Training

(Sec. 7001) The bill requires HHS and the Surgeon General to report on the health effects of new psychoactive substances (also known as "synthetic drugs") that are used by adolescents and young adults. Examples of synthetic drugs include synthetic marijuana (also known as "spice") and synthetic amphetamines (also known as "bath salts").

(Sec. 7002) The bill also reauthorizes through FY2023 and revises the grant program for first responders regarding opioid overdose treatment, which is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). The bill includes safety training for handling specified drugs (e.g., fentanyl) as a component of the grant program.

#### Subtitle B--Pilot Program for Public Health Laboratories to Detect Fentanyl and Other Synthetic Opioids

(Sec. 7011) HHS must establish a grant program to improve coordination between public health laboratories and law enforcement regarding synthetic opioid detection.

#### Subtitle C-- Indexing Narcotics, Fentanyl, and Opioids

(Sec. 7021) HHS must establish a public information dashboard that coordinates programs related to opioid-abuse reduction, allows data sharing between different programs and regions of the country, and provides information on alternatives to controlled substances for pain management.

(Sec. 7023) HHS must also develop national milestones to measure progress in reducing the opioid crisis over a five-year period based on certain metrics.

#### Subtitle D--Ensuring Access to Quality Sober Living

(Sec. 7031) The bill amends the Public Health Service Act to require SAMHSA to develop best practices for operating recovery housing (shared living environments free from alcohol and illegal drug use and centered on peer support and connection to services that promote recovery from substance-use disorders).

#### Subtitle E--Advancing Cutting Edge Research

(Sec. 7041) The bill expands the National Institutes of Health's unique research initiatives to include cutting-edge research that is urgently required to respond to a public health threat. (Unique research initiatives may be supported through transactions other than contracts, grants, or cooperative agreements.)

## Subtitle F--Jessie's Law

(Sec. 7051) HHS must develop best practices for health care providers and state agencies regarding the display of a patient's history of opioid addiction in the patient's medical records.

(Sec. 7052) The bill also requires the CMS and the Health Resources and Services Administration to notify annually health care providers about health information that may be disclosed under federal privacy laws to families, caregivers, and health care providers during emergencies, including overdoses.

## Subtitle G--Protecting Pregnant Women and Infants

(Sec. 7061) The bill requires HHS to issue several reports relating to pregnant and postpartum women with substance-use disorders, including non-opioid pain management practices.

(Sec. 7065) The bill also authorizes a grant program that supports the care of infants who are affected by substance-use disorders (e.g., infants with neonatal abstinence syndrome).

## Subtitle H--Substance Use Disorder Treatment Workforce

(Sec. 7071) The bill creates a loan repayment program for individuals who complete a period of service in a substance-use disorder treatment job in a mental health professional shortage area or a county where the drug overdose death rate is higher than the national average.

(Sec. 7073) The bill also reauthorizes through FY2023 and revises a grant program regarding pain care training for health care professionals. The bill specifically requires information about opioid misuse and nonaddictive treatments to be incorporated into the grant program.

## Subtitle I--Preventing Overdoses While in Emergency Rooms

(Sec. 7081) HHS must establish a grant program to implement best practices (as developed by HHS) regarding treatment for individuals who experience a drug overdose, including emergency treatment and the use of recovery coaches.

## Subtitle J--Alternatives to Opioids in the Emergency Department

(Sec. 7091) HHS must also establish a demonstration program through which hospitals and emergency departments receive grants to support alternatives to opioids for pain management.

## Subtitle K--Treatment, Education, and Community Help to Combat Addiction

(Sec. 7101) The bill requires SAMHSA to designate Regional Centers of Excellence in Substance Use Disorder Education. Such centers must improve substance-use disorder training through the distribution of evidence-based resources for health care professional schools.

(Sec. 7102) HHS must also award grants to support substance-use disorder prevention and treatment programs for children, adolescents, and young adults.

## Subtitle L--Information from National Mental Health and Substance Use Policy Laboratory

(Sec. 7111) The National Mental Health and Substance Use Policy Laboratory within SAMHSA must issue guidance for

SAMHSA grant applicants in order to encourage funding of evidence-based practices and to help applicants properly articulate funding rationales.

#### Subtitle M--Comprehensive Opioid Recovery Centers

(Sec. 7121) The bill also requires SAMHSA to award grants to establish or operate at least 10 comprehensive opioid recovery centers across the country. Such centers must conduct outreach and provide specified treatment and recovery services, including approved drug treatments (e.g., methadone), counseling, residential rehabilitation, and job-placement assistance.

#### Subtitle N--Trauma-Informed Care

(Sec. 7131) The Centers for Disease Control and Prevention (CDC) may collect and report data using specified surveys regarding adverse childhood experiences, particularly with respect to rural and tribal areas.

(Sec. 7135) HHS must provide resources to early childhood care and education providers and other professionals working with young children on ways to recognize and respond to children who may be affected by a family member's or other adult's substance abuse.

#### Subtitle O--Eliminating Opioid Related Infectious Diseases

(Sec. 7141) The bill expands the CDC grant program for combating hepatitis C infections to include other infections associated with illicit drug use (e.g., HIV). The bill also includes Indian tribes in the program.

#### Subtitle P--Peer Support Communities of Recovery

(Sec. 7151) SAMHSA must award grants to support recovery community organizations (nonprofit organizations that are wholly or principally governed by individuals in recovery for substance-use disorders).

#### Subtitle Q--Creating Opportunities that Necessitate New and Enhanced Connections that Improve Opioid Navigation Strategies

(Sec. 7161) The CDC may provide technical assistance and award grants in order to improve PDMPs, promote new approaches for responding to emerging public health crises, and improve overdose data reporting.

(Sec. 7162) The bill also alters requirements relating to PDMPs. Among other changes, the bill authorizes federal support for specific PDMP improvements regarding use, data reporting, and intrastate and interstate interoperability.

#### Subtitle R--Review of Substance Use Disorder Treatment Providers Receiving Federal Funding

(Sec. 7171) HHS must review entities that receive federal funds for substance-use disorder treatment services; the scope of the review must include the types of services provided, the populations served, and the adequacy of services.

#### Subtitle S--Other Health Provisions

(Sec. 7183) HHS must establish a grant program to help individuals who are in substance-use disorder treatment or recovery to live independently and to participate in the workforce.

### TITLE VIII--MISCELLANEOUS

## Subtitle A--Synthetics Trafficking and Overdose Prevention

### *Synthetics Trafficking and Overdose Prevention Act of 2018 or STOP Act of 2018*

(Sec. 8002) The bill increases shipment-tracking responsibilities and coordination between the U.S. Postal Service and the U.S. Customs and Border Protection regarding international shipments of controlled substances, such as through communication requirements and the development of technology to detect illicit fentanyl.

## Subtitle B--Opioid Addiction Recovery Fraud Prevention

### *Opioid Addiction Recovery Fraud Prevention Act of 2018*

(Sec. 8022) The bill prohibits unfair or deceptive trade practices regarding substance-use disorder treatment services or products.

## Subtitle C--Addressing Economic and Workforce Impacts of the Opioid Crisis

(Sec. 8041) The Department of Labor must establish a pilot program that awards grants in order to address the economic and workforce impacts of substance-use disorders, such as through treatment services for employees.

## Subtitle D--Peer Support Counseling Program for Women Veterans

(Sec. 8051) The Department of Veterans Affairs (VA) must also emphasize appointing peer-support counselors for women veterans. The VA shall recruit women peer-support counselors with expertise in gender-specific issues and services, VA services and benefits, and employment mentoring.

## Subtitle E--Treating Barriers to Prosperity

### *Treating Barriers to Prosperity Act of 2018*

(Sec. 8062) The bill allows the Appalachian Regional Commission to support projects and activities addressing drug abuse, such as infrastructure development for telemedicine.

## Subtitle F--Pilot Program to Help Individuals in Recovery from a Substance Use Disorder Become Stably Housed

(Sec. 8071) The bill authorizes a grant program, based on funding formulas determined by the Department of Housing and Urban Development, to help states provide temporary housing for individuals who are in recovery from a substance-use disorder.

## Subtitle G--Human Services

(Sec. 8081) HHS must develop guidance for states on ways to support family-focused residential treatment programs (substance-use disorder treatment programs for pregnant and postpartum women, as well as parents and guardians, which allow their children to remain with them during treatment). The guidance must include descriptions of funding opportunities under Medicaid and federal foster care and adoption assistance programs.

## Subtitle H--Reauthorizing and Extending Grants for Recovery from Opioid Use Programs

### *Reauthorizing and Extending Grants for Recovery from Opioid Use Programs Act of 2018 or the REGROUP Act of 2018*

(Sec. 8092) The bill reauthorizes through FY2023 the comprehensive opioid abuse grant program administered by DOJ.

#### Subtitle I--Fighting Opioid Abuse in Transportation

##### *Fighting Opioid Abuse in Transportation Act*

(Sec. 8102) The bill institutes a series of requirements relating to transportation workplace drug- and alcohol-testing. Among other things, the bill requires the Department of Transportation (DOT) to establish a public database with testing results for each mode of transportation; DOT must also include fentanyl in drug-testing policies, if HHS determines that inclusion is justified based on the reliability and cost-effectiveness of available testing.

#### Subtitle J--Eliminating Kickbacks in Recovery

##### *Eliminating Kickbacks in Recovery Act of 2018*

(Sec.8122) The bill amends the federal criminal code make it a crime to knowingly and willfully solicit, receive, pay, or offer payment for referrals to a recovery home, clinical treatment facility, or laboratory, subject to limitations.

#### Subtitle K--Substance Abuse Prevention

##### *Substance Abuse Prevention Act of 2018*

(Sec. 8202) The bill reauthorizes several programs relating to drug control through FY2023, including the Office of National Drug Control Policy, the Drug-Free Communities Program, and the High-Intensity Drug Trafficking Area Program.

The bill also reauthorizes and establishes several other judicial, treatment, and administrative programs relating to controlled substances. Among other things, the bill reauthorizes funding for drug courts, authorizes grants to support the safe handling of fentanyl by first responders, and authorizes grants for family substance-use disorder treatment services.

## Actions Timeline

---

- **Oct 24, 2018:** Signed by President.
- **Oct 24, 2018:** Became Public Law No: 115-271.
- **Oct 16, 2018:** Presented to President.
- **Oct 4, 2018:** Message on Senate action sent to the House.
- **Oct 3, 2018:** Measure laid before Senate by unanimous consent. (consideration: CR S6467-6483)
- **Oct 3, 2018:** Motion by Senator Thune to concur in the House amendment to the Senate amendment to H.R. 6 made in Senate.
- **Oct 3, 2018:** Resolving differences -- Senate actions: Senate agreed to the House amendment to the Senate amendment to H.R. 6. by Yea-Nay Vote. 98 - 1. Record Vote Number: 221.
- **Oct 3, 2018:** Senate agreed to the House amendment to the Senate amendment to H.R. 6. by Yea-Nay Vote. 98 - 1. Record Vote Number: 221.
- **Oct 1, 2018:** Message on House action received in Senate and at desk: House amendment to Senate amendment.
- **Sep 28, 2018:** Resolving differences -- House actions: House agreed to Senate amendment with an amendment pursuant to H. Res. 1099.
- **Sep 28, 2018:** House agreed to Senate amendment with an amendment pursuant to H. Res. 1099.
- **Sep 18, 2018:** Message on Senate action sent to the House.
- **Sep 17, 2018:** Measure laid before Senate by unanimous consent. (consideration: CR S6159-6180)
- **Sep 17, 2018:** Passed/agreed to in Senate: Passed Senate with an amendment by Yea-Nay Vote. 99 - 1. Record Vote Number: 210.
- **Sep 17, 2018:** Passed Senate with an amendment by Yea-Nay Vote. 99 - 1. Record Vote Number: 210.
- **Jun 26, 2018:** Read the second time. Placed on Senate Legislative Calendar under General Orders. Calendar No. 485.
- **Jun 25, 2018:** Received in the Senate. Read the first time. Placed on Senate Legislative Calendar under Read the First Time.
- **Jun 22, 2018:** Considered under the provisions of rule H. Res. 949. (consideration: CR H5511-5572)
- **Jun 22, 2018:** Rule provides for consideration of H.R. 6, H.R. 5797 and H.R. 6082. Rule provides for consideration of H.R. 6 and H.R.5797 under structured rules; and provides for consideration of H.R. 6082 under a closed rule. Additionally, the rule directs the Clerk to, in the engrossment of H.R. 6, add the text of H.R. 2851, H.R. 5735, and H.R. 5797 as passed by the House as a new matter at the end of H.R. 6.
- **Jun 22, 2018:** House resolved itself into the Committee of the Whole House on the state of the Union pursuant to H. Res. 949 and Rule XVIII.
- **Jun 22, 2018:** The Speaker designated the Honorable Don Bacon to act as Chairman of the Committee.
- **Jun 22, 2018:** GENERAL DEBATE - The Committee of the Whole proceeded with one hour of general debate on H.R. 6.
- **Jun 22, 2018:** DEBATE - Pursuant to the provisions of H.Res. 949, the Committee of the Whole proceeded with 10 minutes of debate on the Walden amendment No. 1.
- **Jun 22, 2018:** The Committee resumed its sitting.
- **Jun 22, 2018:** DEBATE - Pursuant to the provisions of H. Res. 949, the Committee of the Whole proceeded with 10 minutes of debate on the Dunn amendment No. 2.
- **Jun 22, 2018:** DEBATE - Pursuant to the provisions of H. Res. 949, the Committee of the Whole proceeded with 10 minutes of debate on the Barton amendment No. 3.
- **Jun 22, 2018:** DEBATE - Pursuant to the provisions of H. Res. 949, the Committee of the Whole proceeded with 10 minutes of debate on the Curtis amendment No. 4.
- **Jun 22, 2018:** DEBATE - Pursuant to the provisions of H. Res. 949, the Committee of the Whole proceeded with 10 minutes of debate on the Keating amendment No. 5.
- **Jun 22, 2018:** DEBATE - Pursuant to the provisions of H. Res. 949, the Committee of the Whole proceeded with 10 minutes of debate on the Maxine Waters amendment No. 7.
- **Jun 22, 2018:** The House rose from the Committee of the Whole House on the state of the Union to report H.R. 6.
- **Jun 22, 2018:** The previous question was ordered pursuant to the rule.
- **Jun 22, 2018:** The House adopted the amendments en gross as agreed to by the Committee of the Whole House on the state of the Union.
- **Jun 22, 2018:** Mr. Tonko moved to recommit with instructions to the Committees on Energy and Commerce and Ways and Means. (consideration: CR H5567-5572; text: CR H5567-5570)

**Jun 22, 2018: DEBATE** - The House proceeded with 10 minutes of debate on the motion to recommit with instructions. The instructions contained in the motion seek to require the bill to be reported back to the House with an amendment to add 2 sections to the bill titled "Distribution of Additional Residency Positions to Help Combat Opioid Crisis" and "Funding for Opioid Grant Program for State Response to Opioid Abuse Crisis".

- **Jun 22, 2018:** The previous question on the motion to recommit with instructions was ordered without objection.
- **Jun 22, 2018:** On motion to recommit with instructions Failed by the Yeas and Nays: 185 - 226 (Roll no. 287).
- **Jun 22, 2018:** Passed/agreed to in House: On passage Passed by the Yeas and Nays: 396 - 14 (Roll no. 288).(text: CR H5522-5560)
- **Jun 22, 2018:** On passage Passed by the Yeas and Nays: 396 - 14 (Roll no. 288). (text: CR H5522-5560)
- **Jun 22, 2018:** Motion to reconsider laid on the table Agreed to without objection.
- **Jun 21, 2018: ORDER OF PROCEDURE** - Mr. Burgess asked unanimous consent that, notwithstanding H.Res. 949, during consideration of H.R. 6 pursuant to such resolution, general debate shall not exceed one hour, with 40 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce and 20 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means.
- **Jun 19, 2018:** Rules Committee Resolution H. Res. 949 Reported to House. Rule provides for consideration of H.R. 6, H.R. 5797 and H.R. 6082. Rule provides for consideration of H.R. 6 and H.R.5797 under structured rules; and provides for consideration of H.R. 6082 under a closed rule. Additionally, the rule directs the Clerk to, in the engrossment of H.R. 6, add the text of H.R. 2851, H.R. 5735, and H.R. 5797 as passed by the House as a new matter at the end of H.R. 6.
- **Jun 14, 2018:** Referred to the Subcommittee on Health.
- **Jun 13, 2018:** Introduced in House
- **Jun 13, 2018:** Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and the Judiciary, 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.
- **Jun 13, 2018:** Referred to the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations.