

115TH CONGRESS
2^D SESSION

H. R. 5796

AN ACT

To require the Secretary of Health and Human Services to provide grants for eligible entities to provide technical assistance to outlier prescribers of opioids, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Responsible Education
3 Achieves Care and Healthy Outcomes for Users’ Treat-
4 ment Act of 2018” or the “REACH OUT Act of 2018”.

5 **SEC. 2. GRANTS TO PROVIDE TECHNICAL ASSISTANCE TO**
6 **OUTLIER PRESCRIBERS OF OPIOIDS.**

7 (a) GRANTS AUTHORIZED.—The Secretary of Health
8 and Human Services (in this section referred to as the
9 “Secretary”) shall, through the Centers for Medicare &
10 Medicaid Services, award grants, contracts, or cooperative
11 agreements to eligible entities for the purposes described
12 in subsection (b).

13 (b) USE OF FUNDS.—Grants, contracts, and coopera-
14 tive agreements awarded under subsection (a) shall be
15 used to support eligible entities through technical assist-
16 ance—

17 (1) to educate and provide outreach to outlier
18 prescribers of opioids about best practices for pre-
19 scribing opioids;

20 (2) to educate and provide outreach to outlier
21 prescribers of opioids about non-opioid pain manage-
22 ment therapies; and

23 (3) to reduce the amount of opioid prescriptions
24 prescribed by outlier prescribers of opioids.

25 (c) APPLICATION.—Each eligible entity seeking to re-
26 ceive a grant, contract, or cooperative agreement under

1 subsection (a) shall submit to the Secretary an applica-
2 tion, at such time, in such manner, and containing such
3 information as the Secretary may require.

4 (d) GEOGRAPHIC DISTRIBUTION.—In awarding
5 grants, contracts, and cooperative agreements under this
6 section, the Secretary shall prioritize establishing technical
7 assistance resources in each State.

8 (e) DEFINITIONS.—In this section:

9 (1) ELIGIBLE ENTITY.—The term “eligible enti-
10 ty” means—

11 (A) an organization—

12 (i) that has demonstrated experience
13 providing technical assistance to health
14 care professionals on a State or regional
15 basis; and

16 (ii) that has at least—

17 (I) one individual who is a rep-
18 resentative of consumers on its gov-
19 erning body; and

20 (II) one individual who is a rep-
21 resentative of health care providers on
22 its governing body; or

23 (B) an entity that is a quality improve-
24 ment entity with a contract under part B of

1 title XI of the Social Security Act (42 U.S.C.
2 1320e et seq.).

3 (2) OUTLIER PRESCRIBER OF OPIOIDS.—The
4 term “outlier prescriber of opioids” means a pre-
5 scriber, identified by the Secretary of Health and
6 Human Services (through use of prescriber informa-
7 tion provided by prescriber National Provider Identifi-
8 fiers included pursuant to section 1860D–4(c)(4)(A)
9 of the Social Security Act (42 U.S.C. 1395w–
10 104(c)(4)(A)) on claims for covered part D drugs for
11 part D eligible individuals enrolled in prescription
12 drug plans under part D of title XVIII of such Act
13 (42 U.S.C. 1395w–101 et seq.) and MA–PD plans
14 under part C of such title (42 U.S.C. 1395w–21 et
15 seq.)) as prescribing, as compared to other pre-
16 scribers in the specialty of the prescriber and geo-
17 graphic area, amounts of opioids in excess of a
18 threshold (and other criteria) specified by the Sec-
19 retary, after consultation with stakeholders.

20 (3) PRESCRIBERS.—The term “prescriber”
21 means any health care professional, including a
22 nurse practitioner or physician assistant, who is li-
23 censed to prescribe opioids by the State or territory
24 in which such professional practices.

1 (f) FUNDING.—For purposes of implementing this
2 section, \$75 million shall be available from the Federal
3 Supplementary Medical Insurance Trust Fund under sec-
4 tion 1841 of the Social Security Act (42 U.S.C. 1395t),
5 to remain available until expended.

6 **SEC. 3. PROMOTING VALUE IN MEDICAID MANAGED CARE.**

7 Section 1903(m) of the Social Security Act (42
8 U.S.C. 1396b(m)) is amended by adding at the end the
9 following new paragraph:

10 “(7)(A) With respect to expenditures described in
11 subparagraph (B) that are incurred by a State for any
12 fiscal year after fiscal year 2025 (and before fiscal year
13 2029), in determining the pro rata share to which the
14 United States is equitably entitled under subsection
15 (d)(3), the Secretary shall substitute the Federal medical
16 assistance percentage that applies for such fiscal year to
17 the State under section 1905(b) (without regard to any
18 adjustments to such percentage applicable under such sec-
19 tion or any other provision of law) for the percentage that
20 applies to such expenditures under section 1905(y).

21 “(B) Expenditures described in this subparagraph,
22 with respect to a fiscal year to which subparagraph (A)
23 applies, are expenditures incurred by a State for payment
24 for medical assistance provided to individuals described in
25 subclause (VIII) of section 1902(a)(10)(A)(i) by a man-

1 aged care entity, or other specified entity (as defined in
2 subparagraph (D)(iii)), that are treated as remittances be-
3 cause the State—

4 “(i) has satisfied the requirement of section
5 438.8 of title 42, Code of Federal Regulations (or
6 any successor regulation), by electing—

7 “(I) in the case of a State described in
8 subparagraph (C), to apply a minimum medical
9 loss ratio (as defined in subparagraph (D)(ii))
10 that is at least 85 percent but not greater than
11 the minimum medical loss ratio (as so defined)
12 that such State applied as of May 31, 2018; or

13 “(II) in the case of a State not described
14 in subparagraph (C), to apply a minimum med-
15 ical loss ratio that is equal to 85 percent; and

16 “(ii) recovered all or a portion of the expendi-
17 tures as a result of the entity’s failure to meet such
18 ratio.

19 “(C) For purposes of subparagraph (B), a State de-
20 scribed in this subparagraph is a State that as of May
21 31, 2018, applied a minimum medical loss ratio (as cal-
22 culated under subsection (d) of section 438.8 of title 42,
23 Code of Federal Regulations (as in effect on June 1,
24 2018)) for payment for services provided by entities de-
25 scribed in such subparagraph under the State plan under

1 this title (or a waiver of the plan) that is equal to or great-
2 er than 85 percent.

3 “(D) For purposes of this paragraph:

4 “(i) The term ‘managed care entity’ means a
5 medicaid managed care organization described in
6 section 1932(a)(1)(B)(i).

7 “(ii) The term ‘minimum medical loss ratio’
8 means, with respect to a State, a minimum medical
9 loss ratio (as calculated under subsection (d) of sec-
10 tion 438.8 of title 42, Code of Federal Regulations
11 (as in effect on June 1, 2018)) for payment for serv-
12 ices provided by entities described in subparagraph
13 (B) under the State plan under this title (or a waiv-
14 er of the plan).

15 “(iii) The term ‘other specified entity’ means—

16 “(I) a prepaid inpatient health plan, as de-
17 fined in section 438.2 of title 42, Code of Fed-
18 eral Regulations (or any successor regulation);
19 and

1 “(II) a prepaid ambulatory health plan, as
2 defined in such section (or any successor regu-
3 lation).”.

Passed the House of Representatives June 19, 2018.

Attest:

Clerk.

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