

115TH CONGRESS
2D SESSION

H. R. 5725

To direct the Secretary of Health and Human Services to submit to Congress a report on the extent to which Medicare Advantage plans offered under part C of the Medicare program include supplemental health care benefits designed to treat or prevent substance use disorders.

IN THE HOUSE OF REPRESENTATIVES

MAY 9, 2018

Mr. ROSKAM (for himself, Ms. SÁNCHEZ, Mr. SHIMKUS, and Mr. RUIZ) introduced the following bill; which was referred to the Committee on Ways and Means, 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

A BILL

To direct the Secretary of Health and Human Services to submit to Congress a report on the extent to which Medicare Advantage plans offered under part C of the Medicare program include supplemental health care benefits designed to treat or prevent substance use disorders.

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 “Benefit Evaluation of
3 Safe Treatment Act of 2018” or the “BEST Act of
4 2018”.

5 **SEC. 2. STUDYING THE AVAILABILITY OF SUPPLEMENTAL**
6 **BENEFITS DESIGNED TO TREAT OR PREVENT**
7 **SUBSTANCE USE DISORDERS UNDER MEDI-**
8 **CARE ADVANTAGE PLANS.**

9 (a) IN GENERAL.—Not later than 2 years after the
10 date of the enactment of this Act, the Secretary of Health
11 and Human Services (in this section referred to as the
12 “Secretary”) shall submit to Congress a report on the
13 availability of supplemental health care benefits (as de-
14 scribed in section 1852(a)(3)(A) of the Social Security Act
15 (42 U.S.C. 1395w–22(a)(3)(A))) designed to treat or pre-
16 vent substance use disorders under Medicare Advantage
17 plans offered under part C of title XVIII of such Act. Such
18 report shall include the analysis described in subsection
19 (c) and any differences in the availability of such benefits
20 under specialized MA plans for special needs individuals
21 (as defined in section 1859(b)(6) of such Act (42 U.S.C.
22 1395w–28(b)(6))) offered to individuals entitled to med-
23 ical assistance under title XIX of such Act and other such
24 Medicare Advantage plans.

1 (b) CONSULTATION.—The Secretary shall develop the
2 report described in subsection (a) in consultation with rel-
3 evant stakeholders, including—

4 (1) individuals entitled to benefits under part A
5 or enrolled under part B of title XVIII of the Social
6 Security Act;

7 (2) entities who advocate on behalf of such indi-
8 viduals;

9 (3) Medicare Advantage organizations;

10 (4) pharmacy benefit managers; and

11 (5) providers of services and suppliers (as such
12 terms are defined in section 1861 of such Act (42
13 U.S.C. 1395x)).

14 (c) CONTENTS.—The report described in subsection
15 (a) shall include an analysis on the following:

16 (1) The extent to which plans described in such
17 subsection offer supplemental health care benefits
18 relating to coverage of—

19 (A) medication-assisted treatments for
20 opioid use, substance use disorder counseling,
21 peer recovery support services, or other forms
22 of substance use disorder treatments (whether
23 furnished in an inpatient or outpatient setting);
24 and

1 (B) non-opioid alternatives for the treat-
2 ment of pain.

3 (2) Challenges associated with such plans offer-
4 ing supplemental health care benefits relating to cov-
5 erage of items and services described in subpara-
6 graph (A) or (B) of paragraph (1).

7 (3) The impact, if any, increasing the applicable
8 rebate percentage determined under section
9 1854(b)(1)(C) of the Social Security Act (42 U.S.C.
10 1395w-24(b)(1)(C)) for plans offering such benefits
11 relating to such coverage would have on the avail-
12 ability of such benefits relating to such coverage of-
13 fered under Medicare Advantage plans.

14 (4) Potential ways to improve upon such cov-
15 erage or to incentivize such plans to offer additional
16 supplemental health care benefits relating to such
17 coverage.

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