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## Opiod Reauth & Price Transparency Likely Addressed In 2024

Senate HELP Closes Year with Opioids, Methadone & Mental Health

Relevant Companies



### »» Our Take & Next Up

Despite House passage of **Lower Costs More Transparency** ([here](#)) last evening and Senate Committee passage of **SUPPORT Act (opioids, methadone)** we won't likely see full passage until 2024. Today, the Senate HELP Committee (Chair Sanders, I-VT) passed (19-1) the Substance-Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act along with additional addiction treatment reform and education research funding bills. The House also passed (386-37) their reauthorization of the SUPPORT Act today, which includes some differences in funding levels for certain programs, and a greater focus on Medicaid reform. The different SUPPORT packages will have to be reconciled before reauthorization. MOTA, allowing methadone dispensing by pharmacies, passed the Committee as well but is unlikely to become law. Separately, the House bill *Lower Costs More Transparency* and its counterpart in the Senate addressing PBM and mental health, will likely be reconciled and passed as soon as with the Jan 19 CR (Continuing Resolution) in early 2024.

### »» Key Points

For healthcare, its pencils down on legislating in 2023 for Congress. Congress's final (scheduled) week in session of 2023. but there are a number of outstanding issues that could alter that timetable. Congress will likely leave town without approving new aid for Ukraine and Israel, two staunch U.S. allies locked in bitter wars. The House is on track to formalize its impeachment inquiry into President Joe Biden. There is little on healthcare that will get done in these final days of 2023.

We think (1) **Lower Costs (PBM, Hospitals, other price transparency)** and (2) **SUPPORT Act (opioid treatment, mental health)** may squeak through in Jan-Feb 2024. We look to 2024 for Congress conferencing and reauthorizing the SUPPORT Act among other healthcare priorities that need to get passed before the laddered CR expirations. As a reminder, healthcare priorities on hold until 2024 include anti-PBM reform, a partial physician fee "fix," hospital site-neutral, and transparency.

- **Lower Cost More Transparency passed late yesterday in the House, but we think the Senate Finance bill (largely) wins the day near-term.** Lower Costs passage in the Senate will be tougher. PBM, Hospital, Plan, and Imaging/Clinical lab transparency are included along with hospital site neutrality (drugs). Hospitals and PBMs oppose the package.
- **Earlier this year, Senate Finance (Chair Wyden, D-OR) passed a bipartisan mental health and anti-PBM package ([here](#)).** Their transparency and healthcare provisions include Medicaid spread pricing

ban, Part D PBM transparency requirements, and various mental health reforms (telehealth flexibilities, Medicare payment for behavioral health integration services, among others). The Finance policies are the likely preferred healthcare reforms for the Senate as the chamber has not fully vetted the House's package, particularly hospital site neutral provisions.

- **The *SUPPORT Act* funds various programs for the prevention, treatment, and recovery services for opioid misuse until 2028 ([here](#)).** As a reminder, the programs funded by the SUPPORT Act were waiting for reauthorization since this Summer and expired as of Sept. 30. Program reauthorizations include funding for the National Child Traumatic Stress Initiative, reauthorizing state grants for overdose data collection and grant programs for opioid recovery centers and increased funding for the Substance Use Disorder Treatment and Recovery Loan Repayment Program. Other opioid reform provisions include:
  - Allowing pharmacies to deliver a schedule III, IV, or V controlled substance to a practitioner if the product is administered intranasally (with post-administration monitoring)
  - Requiring the Department of Labor to issue a report on implementing mental health parity requirements
  - Requiring the Attorney General to issue final regulations for prescribing controlled substances over telemedicine
  - Codifying the Office of Recovery at SAMHSA
  - Requiring SAMHSA to review state uses of funding for activities to identify and address early serious mental illnesses.
  - Amendments tacked onto the final SUPPORT package include provisions that would allow the FDA to institute a tougher review of new opioids on the basis that new drug is not better or safer than other comparable drugs, expansion of Medicare requirements for electronic prescribing for controlled substances to commercial (largely group plans) and requiring FDA guidance on the development of non-opioid pain med development.

**The House passed (386-37) their reauthorization of the SUPPORT Act today (different version) [here](#).** We expect the chambers to conference and eventually pass the SUPPORT Act when they return in 2024. House mental health priorities passed (and not in the Senate companion) include requiring a study on the effect of remote monitoring on individuals who are prescribed opioids, requiring HHS to issue opioid overdose reversal agent guidance for the opioid disorder program, and lifting the IMD exclusion for substance use disorder. The bill would also advance the requirement that State Medicaid plans provide medication assisted treatment (MAT).

**MOTA, providing easier methadone access, passed out of HELP committee (16-5); full passage remains unlikely near-term (CBO anticipates cost).** The Modernizing Opioid Treatment Access (MOTA) Act would waive current requirements within the Controlled Substances Act and allow addiction treatment licensed and registered providers to prescribe methadone for opioid use disorder, and for pharmacies to dispense it ([here](#)). The bill provides requirements for prescribing, dispensing, and registration, including prescription limitation to a 30-day supply and allowing relevant maintenance or detoxification treatment to be provided through telehealth. At the request of a state, the Attorney General may cease registering providers or withdraw one's registration within that state. CBO expects the bill to be a cost for the government, but Ranking Member Cassidy (R-LA) noted during markup that he supports the expenses that arise from greater survival of overdoses and increased patient treatment access. Despite Senate committee passage, it remains unclear if MOTA will be included in 2024 priorities due to differing opinions by providers. One of the strongest voices against the bill is the American Association for the Treatment of Opioid Dependence ([here](#)). Opioid treatment programs (OTP) are expected to be negatively impacted by the expansion of methadone flexibilities as more patients would seek methadone in psychiatric and addiction care settings, and there are also concerns of potential patient abuse of methadone without proper oversight.

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