AMENDMENT TO H.R. 5797
OFFERED BY MR. RUSH OF ILLINOIS

In section 2, strike “INDIVIDUALS WITH OPIOID USE DISORDERS” and insert “INDIVIDUALS WITH TARGETED SUDS”.

In the subsection (l) proposed to be added by section 2 of the bill to section 1915 of the Social Security Act, strike “eligible individuals with opioid use disorders” each place it appears and insert “eligible individuals with targeted SUDs” each such place.

In the subsection (l) proposed to be added by section 2 of the bill to section 1915 of the Social Security Act, strike “eligible individual with an opioid use disorder” each place it appears and insert “eligible individual with a targeted SUD” each such place.

Page 5, beginning on line 19, strike “individuals with opioid use disorder” and insert “eligible individuals with targeted SUDs”.

Page 6, beginning on line 1, strike “eligible individuals with an opioid use disorder” and insert “eligible individuals with targeted SUDs”.
Page 6, line 7, insert before the period the following:
“and to determine the appropriate setting for such care”.

Page 7, line 12, strike “opioid use disorder” and insert “targeted SUD”.

In the subsection (l)(4) proposed to be added by section 2 of the bill to section 1915 of the Social Security Act, strike subparagraph (D), redesignate subparagraph (E) as subparagraph (D), and add at the end the following:

“(E) TARGETED SUD.—

“(i) IN GENERAL.—The term ‘targeted SUD’ means an opioid use disorder or a cocaine use disorder.

“(ii) COCAINE USE DISORDER.—The term ‘cocaine use disorder’ means a disorder that meets the criteria of the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (or a successor edition), for either dependence or abuse for cocaine, including cocaine base (commonly referred to as ‘crack cocaine’).

“(iii) OPIOID USE DISORDER.—The term ‘opioid use disorder’ means a disorder that meets the criteria of the Diagnostic...
and Statistical Manual of Mental Disorders, 4th Edition (or a successor edition), for heroin use disorder or pain reliever use disorder (including with respect to opioid prescription pain relievers).”.

Strike all that follows after section 2 and insert the following:

SEC. 3. PROMOTING VALUE IN MEDICAID MANAGED CARE.

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

“(7)(A) With respect to expenditures described in subparagraph (B) that are incurred by a State for any fiscal year after fiscal year 2020 (and before fiscal year 2024), in determining the pro rata share to which the United States is equitably entitled under subsection (d)(3), the Secretary shall substitute the Federal medical assistance percentage that applies for such fiscal year to the State under section 1905(b) (without regard to any adjustments to such percentage applicable under such section or any other provision of law) for the percentage that applies to such expenditures under section 1905(y).

“(B) Expenditures described in this subparagraph, with respect to a fiscal year to which subparagraph (A) applies, are expenditures incurred by a State for payment
for medical assistance provided to individuals described in subclause (VIII) of section 1902(a)(10)(A)(i) by a man-
aged care entity, or other specified entity (as defined in subparagraph (D)(iii)), that are treated as remittances be-
cause the State—

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

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

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

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

“(C) For purposes of subparagraph (B), a State de-
scribed in this subparagraph is a State that as of May 31, 2018, applied a minimum medical loss ratio (as cal-
culated under subsection (d) of section 438.8 of title 42, Code of Federal Regulations (as in effect on June 1,
2018)) for payment for services provided by entities described in such subparagraph under the State plan under this title (or a waiver of the plan) that is equal to or greater than 85 percent.

“(D) For purposes of this paragraph:

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

“(ii) The term ‘minimum medical loss ratio’ means, with respect to a State, a minimum medical loss ratio (as calculated under subsection (d) of section 438.8 of title 42, Code of Federal Regulations (as in effect on June 1, 2018)) for payment for services provided by entities described in subparagraph (B) under the State plan under this title (or a waiver of the plan).

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

“(I) a prepaid inpatient health plan, as defined in section 438.2 of title 42, Code of Federal Regulations (or any successor regulation); and

“(II) a prepaid ambulatory health plan, as defined in such section (or any successor regulation).”.

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