

**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:

1                   “(E) TARGETED SUD.—

2                   “(i) IN GENERAL.—The term ‘tar-

3                   geted SUD’ means an opioid use disorder

4                   or a cocaine use disorder.

5                   “(ii) COCAINE USE DISORDER.—The

6                   term ‘cocaine use disorder’ means a dis-

7                   order that meets the criteria of the Diag-

8                   nostic and Statistical Manual of Mental

9                   Disorders, 4th Edition (or a successor edi-

10                  tion), for either dependence or abuse for

11                  cocaine, including cocaine base (commonly

12                  referred to as ‘crack cocaine’).

13                  “(iii) OPIOID USE DISORDER.—The

14                  term ‘opioid use disorder’ means a disorder

15                  that meets the criteria of the Diagnostic

1 and Statistical Manual of Mental Dis-  
2 orders, 4th Edition (or a successor edi-  
3 tion), for heroin use disorder or pain re-  
4 liever use disorder (including with respect  
5 to opioid prescription pain relievers).”.

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

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 2020 (and before fiscal year  
13 2024), 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

1 for medical assistance provided to individuals described in  
2 subclause (VIII) of section 1902(a)(10)(A)(i) by a man-  
3 aged care entity, or other specified entity (as defined in  
4 subparagraph (D)(iii)), that are treated as remittances be-  
5 cause the State—

6 “(i) has satisfied the requirement of section  
7 438.8 of title 42, Code of Federal Regulations (or  
8 any successor regulation), by electing—

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

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

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

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

1 2018)) for payment for services provided by entities de-  
2 scribed in such subparagraph under the State plan under  
3 this title (or a waiver of the plan) that is equal to or great-  
4 er than 85 percent.

5 “(D) For purposes of this paragraph:

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

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

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

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

22 “(II) a prepaid ambulatory health plan, as  
23 defined in such section (or any successor regu-  
24 lation).”.

