

**AMENDMENT TO RULES COMMITTEE PRINT**

**119–4**

**OFFERED BY MS. KAPTUR OF OHIO**

At the end, add the following new section:

1 **SEC. \_\_\_\_ . PROHIBITION ON TREATING ANY MEDICAID-RE-**  
2 **LATED FUNDS RECOVERED FROM ONE OR**  
3 **MORE PHARMACEUTICAL COMPANIES OR**  
4 **DRUG DISTRIBUTORS WITH RESPECT TO**  
5 **OPIOID LITIGATION AS AN OVERPAYMENT.**

6 (a) IN GENERAL.—Section 1903(d)(3) of the Social  
7 Security Act (42 U.S.C. 1396b(d)(3)) is amended by add-  
8 ing at the end the following new subparagraph:

9 “(C)(i) Subparagraph (A) and paragraph (2)(B) may  
10 not apply to any amount recovered or paid to a State on  
11 or after December 31, 2025, as a part of a comprehensive  
12 settlement of opioid litigation between pharmaceutical  
13 manufacturers (as defined in the second sentence of sec-  
14 tion 102(15) of the Controlled Substances Act) or drug  
15 distributors (as defined in the second sentence of section  
16 102(11) of such Act) and State attorneys general, or as  
17 a part of any individual State settlement or judgement  
18 reached in such litigation initiated or pursued by a State  
19 against one or more such companies or distributors.

1       “(ii) A State shall use amounts recovered or paid to  
2 the State as a part of comprehensive or individual settle-  
3 ment, or a judgement, described in clause (i) for—

4               “(I) supporting access to treatment (including  
5 medication assisted treatment) and health care serv-  
6 ices (including services provided by Federally cer-  
7 tified opioid treatment programs or other appro-  
8 priate health care providers to treat individuals with  
9 opioid use disorder and subsequent support and  
10 wrap around services that encourage employment  
11 and reintegration to society);

12              “(II) education related to opioid use disorder;

13              “(III) implementing prevention activities, in-  
14 cluding the reduction of the furnishing of opioids by  
15 health care practitioners and introduction of non-  
16 opioid pain management approaches;

17              “(IV) training for health care practitioners with  
18 respect to best practices for prescribing opioids, pain  
19 management, educating patients of the risk of opioid  
20 use to treat chronic and acute conditions, recog-  
21 nizing potential cases of substance abuse, referral of  
22 patients to treatment programs, and overdose pre-  
23 vention;

24              “(V) supporting State and Federal law enforce-  
25 ment actions and first responder capital equipment

1 relating to the illegal distribution of opioids and  
2 opioid analogues; and

3 “(VI) any other public health-related activities  
4 and social support services (including housing, em-  
5 ployment, child-well being, criminal justice, and  
6 emergency management) relating to addressing the  
7 opioid abuse crisis within such State, as such State  
8 determines appropriate; and  
9 evaluating at least one of the activities described in this  
10 clause to identify effective strategies to prevent opioid  
11 abuse and substance abuse disorders.”.

12 (b) RETROACTIVE EFFECTIVE DATE.—The amend-  
13 ment made by this section shall take effect as if enacted  
14 on January 1, 2019.

