

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
Title I- House HR 6				
At-risk youth Medicaid protection	Provides Medicaid protection for at-risk youth, mandating that a State shall not terminate yes medical assistance for an eligible juveniles who is an inmate of a public institution.	Yes (Section 1001)	No	
The Health Insurance for Former Foster Youth	Amends the Social Security Act to ensure health insurance coverage continuity for former foster youth.	Yes (Section 1002)	No	
Demonstration project to increase substance use provider capacity under the Medicaid program.	Establishes a demonstration project allowing states to increase the substance abuse treatment capacity of Medicaid providers.	Yes (Section 1003)	No	
Drug management program for at-risk beneficiaries.	Mandates that states operate drug management programs for at-risk Medicaid beneficiaries beginning Jan. 1 2020	Yes (Section 1004)	No	
Medicaid drug review and utilization.	Establishes safety edits for subsequent fills of opioids and on the maximum daily morphine equivalent that can be prescribed	Yes (Section 1005)	No	
Guidance to improve care for infants with neonatal abstinence syndrome and their mothers; GAO study on gaps in Medicaid coverage for pregnant and postpartum women with substance use disorder.	Provides that HHS will issue guidance to improve care for infants with neonatal abstinence syndrome and their families	Yes (Section 1006)	Yes (Section 1418)	Language is different, but the goal is the same. Senate version establishes a 60 day timeline for HHS to submit a report to Congress detailing recommendations and best practices

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Medicaid health homes for opioid-use-disorder Medicaid enrollees.	Extends the Federal medical assistance percentage described to payments for the provision of health home services to SUD-eligible individuals	Yes (Section 1007)	No	
Title II – House HR 6				
Authority not to apply certain Medicare telehealth requirements in the case of certain treatment of a substance use disorder or co-occurring mental health disorder.	Allows for Medicare payment for telehealth services that do not comply with some traditional requirements in the case of certain substance use disorder treatments	Yes (Section 2001)	No	
Encouraging the use of non-opioid analgesics for the management of post-surgical pain.	Encourages the use of non-opioid analgesics for the management of post-surgical pain	Yes (Section 2002)	No	
Requiring a review of current opioid prescriptions for chronic pain and screening for opioid use disorder to be included in the Welcome to Medicare initial preventive physical examination.	Requires a review of current opioid prescriptions for chronic pain and screening for opioid use disorder to be included in the Welcome to Medicare initial preventive physical examination	Yes (Section 2003)	Yes (Section 2103)	Language is different, but the goal is the same.

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Modification of payment for certain outpatient surgical services.	Freezes Medicare payments for certain services furnished in ambulatory surgical centers and authorizes data collection on certain cost differentials between treatment settings	Yes (Section 2004)	No	
Requiring e-prescribing for coverage of covered part D controlled substances.	Requires that prescriptions for covered part D drugs under a prescription drug plan for a schedule II, III, IV, or V controlled substance be transmitted by a health care practitioner electronically	Yes (Section 2005)	Yes (Section 2104)	Same language
Requiring prescription drug plan sponsors under Medicare to establish drug management programs for at-risk beneficiaries.	Requires prescription drug plan sponsors under Medicare to establish drug management programs for at-risk beneficiaries	Yes (Section 2006)	No	
Medicare coverage of certain services furnished by opioid treatment programs.	Expands Medicare coverage to certain services furnished by opioid treatment programs	Yes (Section 2007)	Yes (Section 2109)	Similar in concept, but Senate version requires that CMS conduct a five-year demonstration project to test Medicare coverage and payment for opioid use disorder treatment services furnished by an Opioid Treatment Program that meets SAMHSA requirements. Requires that CMS make a bundled payment for treatment services that covers: dispensing and administering FDA-

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				approved opioid treatment medications, substance use disorder counseling; individual and group therapy; toxicology testing; and other services determined appropriate. Directs CMS to provide a report to Congress that includes an evaluation of the projection no later than two years after the demonstration is completed.
Title III – House HR 6				
Clarifying FDA regulation of non-addictive pain and addiction therapies.	Directs HHS to hold public meetings and issue new guidance to help address challenges to developing non-addictive medical products to treat pain or addiction	Yes (Section 3001)	Yes (Section 1301)	Similar language. Senate version is more extensive, but goal is the same
Surveillance and Testing of Opioids to Prevent Fentanyl Deaths.	Enlists use of public health laboratories to test opioids for fentanyl contamination	Yes (Section 3002)	No	
Allowing for more flexibility with respect to medication-assisted treatment for opioid use disorders.	Allows for more flexibility with respect to medication-assisted treatment for opioid use disorders	Yes (Section 3003)	Yes (Section 1408)	Similar language, Senate version is less extensive
High-quality, evidence-based opioid analgesic prescribing guidelines and report.	Directs FDA to develop high-quality, evidence-based opioid analgesic prescribing guidelines for the indication-specific treatment of acute pain in the relevant	Yes (Section 3004)	No	

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	therapeutic areas where such guidelines do not exist			
Report on opioids prescribing practices for pregnant women.	Directs HHS, CDC, NIH, and SAMHSA to submit a report to Congress on opioids prescribing practices for pregnant women and recommendations for such practices	Yes (Section 3005)	No	
Guidelines for prescribing naloxone.	Directs HHS to issue guidelines for prescribing an opioid overdose reversal drug	Yes (Section 3006)	No	
Requiring a survey of substance use disorder treatment providers receiving Federal funding.	Directs HHS to conduct a survey of all entities that receive Federal funding for the purpose of providing substance use disorder treatment services	Yes (Section 3007)	No	
Title IV – House HR 6				
Promoting value in Medicaid managed care	Requires HHS to substitute the Federal medical assistance percentage that applies for such fiscal year to the State for the percentage that applies to such expenditures.	Yes (Section 4001)	No	
Extending Period of Application of Medicare Secondary Payer Rules for Individuals with End Stage Renal Disease	Extends application deadline for Medicare secondary payer rules for individuals with end stage renal disease to be January 1, 2020.	Yes (Section 4002)	No	
Requiring reporting by group health plans of prescription drug coverage	Identifies situations where the group health plan is a primary plan to the program under this title or a primary payer with respect to	Yes (Section 4003)	No	

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information for purposes of identifying primary payer situations under the Medicare program	benefits relating to prescription drug coverage under Part D.			
Title IV— House HR 6				
Promoting value in Medicaid managed care	Requires HHS to substitute the Federal medical assistance percentage that applies for such fiscal year to the State for the percentage that applies to such expenditures.	Yes (Section 4001)	No	
Extending Period of Application of Medicare Secondary Payer Rules for Individuals with End Stage Renal Disease	Extends application deadline for Medicare secondary payer rules for individuals with end stage renal disease to be January 1, 2020.	Yes (Section 4002)	No	
Requiring reporting by group health plans of prescription drug coverage information for purposes of identifying primary payer situations under the Medicare program	Identifies situations where the group health plan is a primary plan to the program under this title or a primary payer with respect to benefits relating to prescription drug coverage under Part D.	Yes (Section 4003)	No	
Title V—House HR 6				
Mandatory Reporting with Respect to Adult Behavior Health Measures	Mandates each State report standardized adult behavioral health measures as a part of the core set of adult health quality measures.	Yes (Section 5001)	Yes (Section 2211)	Identical language.

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MACPAC exploratory study and report on institutions for mental diseases requirements and practices under Medicaid	Calls on the Medicaid and CHIP Payment and Access Commission to conduct an exploratory study and report on requirements applicable to and practices for mental diseases under the Medicaid program.	Yes (Section 5012)	No	
Ensuring Access to mental health and substance use disorder services for children and pregnant women under CHIP (CHIP Mental Health Parity Act)	Amends the Social Security Act so that mental health services and substance use disorder services for children and pregnant women under CHIP is entrusted	Yes (Section 5022)	No	
Promoting state innovations to ease transitions integration to the community for certain individuals (Medicaid Reentry Act)	Amends the Social Security Act so that medical assistance under Medicaid for inmates during the 30-day period preceding release from a public institution is provided.	Yes (Section 5032)	No	
Medicaid providers are required to note experiences in record systems to help in-need patients (PARTNERSHIP Act)	Amends the Social Security Act to provide for requirements under the Medicaid program relating to the use of qualified prescription drug monitoring programs and prescribing certain controlled substances.	Yes (Section 5042)	No	

Title VI—House HR 6

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Testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology	Allows the Center for Medicare and Medicaid Innovation to test incentive payment models for behavioral health providers to adopt electronic health records technology and use that technology to improve the quality and coordination of care.	Yes (Section 6001)	Yes (Section 2112)	Nearly identical language. House version includes nurse practitioners with respect to providing psychiatric services among acceptable behavioral health providers.
Abuse Deterrent Access Act	Calls on HHS to conduct a study and submit a report on barriers to accessing abuse-deterrent opioid formulations for individuals enrolled in a plan under Medicare Part C or D.	Yes (Section 6011-6012)	No	
Medicare Opioid Safety Education Act	Provides educational resources regarding opioid use and pain management as part of the Medicare & You handbook, as is instituted under the Social Security Act.	Yes (Section 6021-6022)	Yes (Section 2101)	Nearly identical language. Senate version includes a suggestion notice for “the beneficiary to talk to a physician regarding opioid use and pain management.”
Opioid Addiction Action Plan	Requires HHS to promulgate an action plan on recommendations for changes under Medicare and Medicaid to prevent opioid addictions and enhance access to medication-assisted treatment.	Yes (Section 6031-6032)	No	
Opioid use disorder treatment demonstration (Advancing High Quality Treatment for Opioid Use Disorders in Medicare)	Amends the Social Security Act to provide for an opioid use disorder treatment 5-year demonstration program to increase access of applicable beneficiaries to opioid use disorder treatment services, improve	Yes (Section 6041-6042)	Yes (Section 2109)	Different language and terms but similar in purpose of increasing access to opioid use disorder treatment services (House) and testing coverage and payment of

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	physical and mental health outcomes for such beneficiaries, and reduce expenditures to the extent possible.			similar services (Senate). House version is broader in scope, with a 20,000 limit on participation (Senate only allows for 2,000 participating beneficiaries).
Responsible Education Achieves Care and Healthy (REACH) Outcomes For Users' Treatment)	Requires HHS to provide grants for eligible entities to provide technical assistance to outlier prescribers of opioids.	Yes (Section 6051-6052)	Yes (Section 2107)	House version provides grants for technical assistance for outlier prescribers, Senate version provides for notification and additional requirements for outlier prescribers (no grants).
Electronic prior authorization for covered Part D drugs	Amends title XVIII of the Social Security Act to require Medicare prescription drug plans to establish drug management programs for at-risk beneficiaries. It also requires electronic prior authorization for covered Part D drugs.	Yes (Section 6062)	Yes (Section 2105)	Identical language.
Program integrity transparency measures under Medicare Parts C and D	Provides for other program integrity measures under Parts C and D, a program integrity portal, and requires quarterly reports.	Yes (Section 6063)	Yes (Section 2106)	Slightly different language. House version includes requirement for communications of HIPAA compliant information only.
Expanding eligibility for medication therapy management programs under Part D	Expands Part D eligibility for at-risk beneficiaries for prescription drug abuse.	Yes (Section 6064)	No	

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Medicare notifications to outlier prescribers of opioids	Provides Medicare notifications to outlier prescribers of opioids using National Provider Identifiers. Establishes a threshold for identifying whether a prescriber in a specialty and geographic area is an outlier compared to other prescribers within the same specialty and area, with exclusions.	Yes (Section 6065)	Yes (Section 2107)	Slightly different language. Senate version focuses on statistical analysis of outliers based on thresholds for provider specialty and geographic area. Senate version also indicates requirements for notification content, and provides for the outlier provider to receive technical assistance and educational resources on opioid prescribing guidelines.
Expanding Oversight of Opioid Prescribing and Payment Act	Calls on the Medicare Payment Advisory Commission to report on opioid payment, adverse incentives, and data under the Medicare program by March 15, 2019. It does not authorize additional funds/	Yes (Section 6071-6073)	No	
Dr. Todd Graham Pain Management, Treatment, and Recovery	Amends title XVIII of the Social Security Act to provide for the review and adjustment of payments under the Medicare outpatients prospective payment system to avoid financial incentives to use opioids instead of non-opioid alternative treatments.	Yes (Section 6081-6086)	No	
Combating Opioid Abuse for Care in Hospitals (COACH Act)	Requires HHS to develop guidance on pain management and opioid use disorder prevention for hospitals receiving payment under Medicare Part A, provide for opioid quality measures development, and provide	Yes (Section 6091-6095)	No	

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	for a technical expert panel on reducing surgical setting opioid use and data collection on perioperative opioid use.			
Stop Excessive Narcotics In Our Retirement (SENIORS) Communities Protection Act	Amends title XVIII of the Social Security Act to authorize the suspension of payments by Medicare prescription drug plans and MA-PD plans pending investigations of credible allegations of fraud by pharmacies.	Yes (Section 6101-6102)	No	
Providing Reliable Options for Patients and Educational Resources (PROPER) Act	Amends the Social Security Act to require Medicare Advantage plans and Part D prescription drug plans to include information on the risks associated with opioids, coverage of certain non-opioid treatments of pain, and on the safe disposal of prescription drugs. Revises measures used under the Hospital Consumer Assessment of Healthcare Providers and Systems survey relating to pain management.	Yes (Section 6111-6114)	No	
Testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology	Allows the Center for Medicare and Medicaid Innovation to test incentive payment models for behavioral health providers to adopt electronic health records technology and use that technology to improve the quality and coordination of care.	Yes (Section 6001)	Yes (Section 2112)	Nearly identical language. House version includes nurse practitioners with respect to providing psychiatric services among acceptable behavioral health providers.

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Abuse Deterrent Access Act	Calls on HHS to conduct a study and submit a report on barriers to accessing abuse-deterrent opioid formulations for individuals enrolled in a plan under Medicare Part C or D.	Yes (Section 6011-6012)	No	
Title VII – House HR 6				
Report on effects on public health of synthetic drug use.	Directs the Surgeon General to submit a report to Congress on the health effects of new psychoactive substances (including synthetic drugs) used since January 2010 by teenagers	Yes (Section 7002)	No	
Programs and materials for training on certain circumstances under which a pharmacist may decline to fill a prescription.	Directs HHS, DEA, FDA, CDC, and SAMHSA to develop and disseminate programs and materials for training pharmacists, health care providers, and patients on circumstances under which a pharmacist may decline to fill a prescription	Yes (Section 7012)	No	
Establishment of substance use disorder information dashboard.	Directs HHS to establish a public information dashboard on substance use disorder	Yes (Section 7022)	No	
Interagency Substance Use Disorder Coordinating Committee.	Establishes an Interagency Substance Use Disorder Coordinating Committee to coordinate all efforts within HHS concerning substance use disorder	Yes (Section 7023)	No	
National recovery housing best practices.	Directs HHS, in consultation with public stakeholders, to identify or facilitate the development of best practices for operating recovery housing	Yes (Section 7032)	Yes (Section 1409)	Nearly identical language. House version authorizes appropriations and the two differ

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				slightly in the definitions they list
Unique research initiatives.	Encourages high impact cutting-edge research that fosters scientific creativity and increases fundamental biological understanding leading to the prevention, diagnosis, or treatment of diseases and disorders, or research urgently required to respond to a public health threat	Yes (Section 7042)	Yes (Section 1201)	Identical language
Inclusion of opioid addiction history in patient records.	Directs HHS, in consultation with experts and stakeholders, to develop best practices regarding inclusion of opioid addiction history in patient records	Yes (Section 7052)	Yes (Section 1508)	Identical language
Communication with families during emergencies.	Directs HHS to annually develop and disseminate written materials to health care providers regarding permitted disclosures under Federal law during emergencies, including overdoses, of certain health information to families, caregivers, and health care providers	Yes (Section 7053)	Yes (Section 1510)	Nearly identical language, same purpose
Disposal of controlled substances of a deceased hospice patient by employees of a qualified hospice program.	Allows hospice employees to dispose of a deceased hospice patient's controlled substances onsite	Yes (Section 7062)	Yes (Section 1307)	Senate language is more extensive, includes reasons for disposal beyond death such as expiration of the drug
Loan repayment program for substance use disorder treatment employees.	Creates a loan repayment program for substance use disorder treatment employees	Yes (Section 7072)	Yes (Section 1417)	House language is more extensive, but the two have the

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				same goal and authorized appropriation
Program to support emergency room discharge and care coordination for drug overdose patients.	Establishes a program to develop protocols for discharging patients who have presented with a drug overdose and enhance the integration and coordination of care and treatment options for individuals with substance use disorder after discharge	Yes (Section 7082)	No	
Emergency department alternatives to opioids demonstration program.	Establishes grants that HHS may award to hospitals and emergency departments, including freestanding emergency departments, to develop, implement, enhance, or study alternative pain management protocols and treatments that limit the use and prescription of opioids in emergency departments	Yes (Section 7092)	Yes (Section 1403)	Similar language. Senate version authorizes \$5,000,000, House authorizes \$10,000,000
Detention, refusal, and destruction of drugs offered for importation.	Increase the maximum dollar amount of drugs subject to destruction that enter the U.S. illegally through the mail	Yes (Section 7102)	No	
Notification, nondistribution, and recall of adulterated or misbranded drug products.	Establishes procedure for notification, nondistribution, and recall of adulterated or misbranded drug products	Yes (Section 7103)	No	
Single source pattern of shipments of adulterated or misbranded drugs.	Allows HHS, if it identifies a pattern of adulterated or misbranded drugs being offered for import from the same manufacturer, distributor, or importer, to treat all drugs being offered for import from	Yes (Section 7104)	No	

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	such manufacturer, distributor, or importer as adulterated or misbranded unless otherwise demonstrated			
Fund to strengthen efforts of FDA to combat the opioid and substance use epidemic.	Authorizes funds to strengthen and facilitate the FDA's efforts to address the opioid and substance use epidemic	Yes (Section 7105)	No	
Consideration of potential for misuse and abuse required for drug approval.	Provides for FDA consideration of potential for misuse and abuse when determining drug approval	Yes (Section 7106)	No	
Establishment of Regional Centers of Excellence in Substance Use Disorder Education.	Establishes Regional Centers of Excellence in Substance Use Disorder Education to be identified and supported by HHS	Yes (Section 7112)	No	
Guidance from National Mental Health and Substance Use Policy Laboratory.	Requests new guidance from HHS for entities applying for SAMHSA grants	Yes (Section 7121)	No	
Comprehensive opioid recovery centers.	Establishes HHS grants for eligible entities to establish or operate a comprehensive opioid recovery center	Yes (Section 7132)	Yes (Section 1401)	Senate language slightly more extensive, same goal
Reauthorization of poison control centers national toll-free number.	Reauthorizes the poison control centers national toll-free number	Yes (Section 7142)	No	
Reauthorization of nationwide public awareness campaign to	Reauthorizes a nationwide public awareness campaign to promote poison control center utilization	Yes (Section 7143)	No	

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promote poison control center utilization.				
Reauthorization of the poison control center grant program.	Reauthorizes the poison control center grant program	Yes (Section 7144)	No	
Reauthorization and expansion of program of surveillance and education regarding infections associated with illicit drug use and other risk factors.	Reauthorizes and expands a program of surveillance and education regarding infections associated with illicit drug use and other risk factors	Yes (Section 7152)	Yes (Section 1512)	Different language, but same goal and authorization of appropriations
Guidance addressing alternative approaches to data collection and labeling claims for opioid sparing.	Directs HHS to issue new guidance addressing alternative approaches to data collection and labeling claims for opioid sparing	Yes (Section 7162)	Yes (Section 1301)	Senate package is more expansive but includes data collection regarding opioid sparing. Specifically it clarifies the development and regulatory pathways of the Food and Drug Administration (FDA) for medical product manufacturers through guidance for new non-addictive medical products intended to treat pain or addiction. It also requires the FDA to hold one or more public meeting on the challenges and barriers to developing non-addictive medical products intended to treat pain, including

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				how the risk of misuse and abuse may be incorporated into FDA’s assessments, novel clinical trial designs, and evidentiary standards related to opioid sparing.
Deadline for interim final regulations for a special registration to engage in the practice of telemedicine.	Establishes a deadline for interim final regulations for a special registration to engage in the practice of telemedicine	Yes (Section 7172)	Yes (Section 1415)	Senate language is more detailed, but the goal and deadline are the same
Building communities of recovery.	Defines ‘recovery community organization’	Yes (Section 7182)	Yes (Section 1404)	Same goal, different language. House authorizes \$15,000,000, Senate authorizes “such sums as may be necessary”
Detention, refusal, and destruction of drugs offered for importation.	Defines items that are treated as drugs for the purposes of importation and provides for the detention, refusal, and destruction of those items	Yes (Section 7192)	No	
Seizure.	Provides for seizure of items that are treated as drugs for the purposes of importation	Yes (Section 7193)	No	
Debarring violative individuals or companies.	Provides for the debarring of individuals or companies importing or offering to import illicit drugs into the United States	Yes (Section 7194)	Yes (Section 1305)	Different language, same goal
Preventing overdoses of controlled substances.	Authorizes CDC grants for evidence-based overdose prevention activities	Yes (Section 7202)	Yes (Section 1505)	Similar language, same goal

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Prescription drug monitoring program.	Directs HHS and related agencies to support states in the establishment, maintenance, and improvement of prescription drug monitoring programs	Yes (Section 7203)	No	
Improved technologies, controls, or measures with respect to the packaging or disposal of certain drugs.	Allows HHS to require the holder of a covered application to implement or modify one or more technologies, controls, or measures with respect to the packaging or disposal of certain drugs	Yes (Section 7212)	Yes (Section 1302)	Similar language, same goal. House version is more extensive and includes a GAO report.
Postapproval study requirements.	Establishes a postapproval study to assess a potential reduction in effectiveness of the drug if it contains a controlled substance	Yes (Section 7221)	No	
Title IIX – House HR 6				
(STOP Act 2018)	Details amendments to the Consolidated Omnibus Budget Reconciliation Act of 1985 to provide for USPS payments to the CBP to reimburse the CBP for processing of inbound EMS items.	Yes, (Subtitle A: Section 8001-8009)	Yes (Section 2402-2409)	Identical Language
Recognizing Early Childhood Trauma Related to Substance Abuse Act of 2018	Calls on HHS to disseminate information, resources, and technical assistance to early childhood care and education providers/professionals working with young children on ways to properly recognize and respond to children who may be impacted by trauma related to substance abuse.	Yes, (Subtitle B, Sections 8011 and 8012)	No	

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Assisting States' Implementation of Plans of Safe Care Act	Calls on HHS to provide assistance to States in complying with and implementing provisions of section 106 of the Child Abuse Prevention and Treatment Act in order to promote better protections for young children and family-centered responses.	Yes, (Subtitle C, Sections 8021-8022)	Yes (Section 1414)	Much more elaborate in Senate Bill, Senate version amends Section 105(a) of the Child Abuse Prevention and Treatment Act.
Improving the Federal Response to Families Impacted by Substance Use Disorder Act	Establishes an interagency task force to improve the Federal response to families impacted by substance abuse disorders that shall identify, evaluate, and recommend ways in which Federal agencies can better coordinate responses to substance use disorders and the opioid crisis.	Yes, (Subtitle D, Sections 8031-8032)	No	
Establishment of an Advisory Committee on Opioids and the Workplace	Establishes an Advisory Committee on Opioids and the Workplace to advise the Department of Labor on actions it can take to address the impact of opioid abuse in the workplace.	Yes, (Subtitle E, Section 8041)	No	
Veterans Treatment Court Improvement	Calls on Veterans Affairs to hire additional Veterans Justice Outreach Specialists to provide treatment court services to justice-involved veterans. The Secretary of VA must hire 50 or more specialists and place each specialist at an eligible Departmental medical center.	Yes, (Subtitle F, Sections 8051-8052)	No	
Peer counseling for Female Veterans	Calls on Veterans Affairs to increase the number of peer-to-peer counselors	Yes, (Subtitle G,	No	

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	providing counseling for women veterans, and shall seek to recruit women peer support counselors with expertise in female gender-specific issues and services.	Section 8601)		
Treating Barriers to Prosperity	Amends title 40 of the U.S. Code to address the impact of drug abuse on economic development in Appalachia by providing technical assistance, making grants, and entering into contracts with individuals or entities in the Appalachian region for projects and activities that address opioid abuse.	Yes, (Subtitle H, Sections 8071-8072)	No	
Supporting Grandparents Raising Grandchildren	Establishes an advisory Council to support grandparents raising grandchildren.	Yes, (Subtitle I, Sections 8081-8084)	No	
Reauthorizing and Extending Grants for Recovery from Opioid Use Programs Act of 2018	Amends the Omnibus Crime Control and Safe Streets Act of 1968 to reauthorize the comprehensive opioid abuse grant program, promulgating \$330,000,000 for each year beginning in FY2019 through FY2023.	Yes, (Subtitle J, Section 8901-8092)	No	
Title IX – House HR 6				
(SITSA ACT) Establishment of Schedule A, including Temporary and permanent scheduling, penalties, false labeling, registration	Amends Section 202 of the Controlled Substance Act to establish a Schedule A.	Yes, (Sections 9002-9006)	No	

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requirements, and modifying Section 102 of the Controlled Substance Act to reflect the establishment of a Schedule A in regards to Controlled Substance Analogues.				
Controlled Substance Analogues (originally part of SITSA Act)	Amends Section 203 of the Controlled Substances Act.	Yes, (Section 9012)	Yes (Section 3402)	Reads “relevant evidence” instead of “relevant factors” in part (b). Strikes part (b)(6) in totality. Part (c) revised to read “(c) LIMITATION.—For purposes of this section, the existence of evidence that a substance was not marketed, advertised, or labeled for human consumption shall not preclude the Government from establishing, based on all the evidence, that the substance was intended for human consumption.”.
Title X – House HR 6				
(THRIVE Act) Demonstration program to study the impact of using rental vouchers for	Establishes a demonstration program to study the impact of using rental vouchers for supportive and transitional housing for	Yes, (Sections 10001-10005)	No	

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supportive housing for individuals recovering from opioid use disorders or other substance use disorders.	individuals recovering from opioid or other substance use disorders.			
Title XI—House HR 6				
IMD CARE Act	Amends the Social Security Act to provide a Medicaid State plan option for services for certain individuals with opioid use disorders in institutions for mental diseases.	Yes (Section 11001-11003)	No	
Senate Only Provisions				
Definitions	Reauthorizes and improves the state targeted response grants from the 21 st Century Cures Act to provide funding to Tribes and to improve flexibility for states in using the grants.	No	Yes (Section 1001)	
Cures Funding Extension	Reauthorizes and improves the state targeted response grants from the 21 st Century Cures Act to provide funding to Tribes and to improve flexibility for states in using the grants	No	Yes (Section 1101)	
Pain Research	Updates the scope of the Interagency Pain Research Coordinating Committee to identify risk factors for, and early warning signs of, substance use disorders, and summarize advances in pain care research supported or conducted by the federal government, including information on best	No	Yes (Section 1202)	

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	practices for the utilization of non-pharmacologic treatments, non-addictive medical products, and other drugs approved, or devices approved or cleared, by the Food and Drug Administration.			
Strengthening FDA & CBP Coordination & Capacity	<p>Improves detection and seizure of illegal drugs, such as fentanyl, by strengthening coordination activities between FDA and the United States Customs and Border Protection (CBP), which may be carried out through a memorandum of understanding between such agencies.</p> <p>Provides facility and physical infrastructure improvements, including renovations or upgrades, and laboratory capacity for purposes of detection and testing imports.</p> <p>Provides that FDA has access to innovative detection technology and testing equipment to facilitate near-real-time information sharing.</p> <p>Requires a report on implementation and summary of progress made towards near-real-time information sharing and the interoperability of such technologies.</p>	No	Yes (Section 1303)	
Clarifying FDA post-market authorities	Clarifies FDA's post-market authorities for drugs, such as opioids, which may have reduced efficacy over time, by modifying	No	Yes (Section 1304)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
	the definition of an adverse drug experience to include such situations.			
First Responder Training	Expands a grant program authorized by the Comprehensive Addiction and Recovery Act, which was designed to allow first responders to administer a drug or device, like naloxone, to treat an opioid overdose, and to include training on safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs.	No	Yes (Section 1306)	
GAO Study and Report on Hospice Safe Disposal Management	Requires the Government Accountability Office (GAO) to conduct a study and report on hospice programs' written policies and procedures on the management and disposal of controlled substances in the home of an individual.	No	Yes (Section 1308)	
Delivery of a Controlled Substance by a Pharmacy to be Administered by Injection or Implantation	Permits implantable or injectable controlled substances for the purpose of maintenance or detoxification treatment to be delivered by a pharmacy to an administering practitioner, while maintaining proper controls, such as storage and record keeping.	No	Yes (Section 1309)	
Program to support coordination and continuation of care for drug overdose patients	Program to support coordination and continuation of care for drug overdose patients	No	Yes (Section 1402)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
Peer support technical assistance center	Requires HHS to establish or operate a National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support, to provide technical assistance and support to recovery community organizations and peer support networks providing peer support services related to substance use disorder.	No	Yes (Section 1405)	
Medication-Assisted Treatment for Recovery from Addiction	Allows physicians who have recently graduated in good standing from an accredited school of allopathic or osteopathic medicine, and who meet the other training requirements to prescribe medication-assisted treatment (MAT), to obtain a waiver to prescribe MAT.	No	Yes (Section 1406)	
Grant Program	Authorizes a grant program to support development of curriculum that will help health care practitioners obtain a waiver to prescribe MAT	No	Yes (Section 1407)	
Addressing Economic & Workforce Impacts of the Opioid Crisis	Authorizes the Department of Labor to award dislocated worker grants to states through the Workforce Innovation and Opportunity Act to support local workforce boards and local partnerships in tackling shortages in substance use disorder and mental health treatment workforce and provide coordinated job training and treatment services to individuals in affected	No	Yes (Section 1410)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
	communities with opioid or substance use disorder.			
CAREER Act	Authorizes the Secretary of HHS to establish a grant program to support individuals in recovery from a substance use disorder transition to independent living and the workforce.	No	Yes (Section 1411)	
Pilot Program to Help Individuals in Recovery from a Substance Use Disorder become Stably Housed	Authorizes a pilot program to provide individuals in recovery from a substance use disorder with stable, temporary housing.	No	Yes (Section 1412)	
Youth Prevention and Recovery.	Requires the Secretary of HHS in consultation with the Department of Education, to disseminate best practices and issue grants for prevention of and recovery from substance use disorder in children, adolescents and young adults.	No	Yes (Section 1413)	
National Health Service Corps Behavioral and Mental Health Professionals Providing Obligated Services in Schools and other Community-Based Settings.	Allows an entity to direct National Health Service Corps participants to provide behavioral and mental health services at a school or other community-based setting located in a health professional shortage area, and for these services to be applied towards completion of their obligated service requirements.	No	Yes (Section 1416)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
Early interventions for pregnant women and infants	Requires the Center for Substance Abuse Prevention to develop, in cooperation with the Centers for Disease Control and Prevention (CDC), educational materials for clinicians to use with pregnant women for shared decision-making regarding pain management during pregnancy. Requires implementation and dissemination, as appropriate, of the recommendations in the report entitled “Protecting Our Infants Act: Final Strategy,” issued by HHS in 2017.	No	Yes (Section 1419)	
Report on investigations regarding parity in mental health and substance use disorder benefits	Requires the Assistant Secretary of Labor of the Employee Benefits Security Administration, in collaboration with the Administrator of the Centers for Medicare & Medicaid Services (CMS) and the Secretary of the Treasury, to provide additional information in annual reports to Congress on mental health parity compliance, including information on which agencies are conducting investigations and information about any coordination with State regulators.	No	Yes (Section 1420)	
Study on Prescribing Limits	Requires HHS, in consultation with the Attorney General (AG), to submit to Congress a report on the impact of federal and state laws and regulations that limit the	No	Yes (Section 1501)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
	length, quantity, or dosage of opioid prescriptions.			
Programs for health care workforce	Increases education and training in pain care by requiring grant recipients to develop a comprehensive education and training plan. Such plan would include information on the dangers of opioid abuse, early warning signs of opioid use disorders, safe disposal options, and other innovative deactivation mechanisms.	No	Yes (Section 1502)	
Education and Awareness Campaigns	Advances education and awareness among the public and providers. With regards to providers, advances continuing education to promote improved prescribing practices and improved education on and use of evidence-based prescribing guidelines across health care settings.	No	Yes (Section 1503)	
Enhanced Controlled Substance Overdoses Data Collection, Analysis, and Dissemination	Authorizes the CDC's work to combat the opioid crisis through the collection, analysis, and dissemination of data, including through grants for states, localities, and tribes.	No	Yes (Section 1504)	
CDC Surveillance and Data Collection for Child, Youth, and Adult Trauma	Authorizes CDC to support states' efforts to collect and report data on adverse childhood experiences through existing public health surveys.	No	Yes (Section 1506)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
Reauthorization of NASPER	Reauthorizes this HHS grant program to allow states to develop, maintain, or improve PDMPs and improve the interoperability of PDMPs with other states and with other health information technology	No	Yes (Section 1507)	
Development and Dissemination of Model Training Programs for Substance Use Disorder Patient Records	Requires HHS to identify Model Programs and Materials to better train and educate providers, patients and families regarding the permitted uses and disclosures of patient records related to treatment for substance use disorders.	No	Yes (Section 1509)	
Prenatal and Postnatal Health	Authorizes data collection and analysis on neonatal abstinence syndrome and other outcomes related to prenatal substance abuse and misuse, including prenatal opioid abuse and misuse.	No	Yes (Section 1511)	
Task Force To Develop Best Practices For Trauma-Informed Identification, Referral, and Support	Creates an interagency task force to make recommendations regarding best practices to identify, prevent, and mitigate the effects of trauma on infants, children, youth, and their families.	No	Yes (Section 1513)	
Grants to Improve Trauma Support Services and Mental Health Care for Children and Youth in Educational Settings	Authorizes the Secretary of Education, in coordination with the Assistant Secretary of Mental Health and Substance Use, to make grants that link educational agencies with mental health systems in order to increase student access to evidence-based trauma	No	Yes (Section 1514)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
	support services to help prevent and mitigate trauma that children and youth experience.			
National Child Traumatic Stress Initiative	Increases the authorization level for the National Child Traumatic Stress Initiative. Funding will provide technical assistance, direct services to communities, and will support evaluations and dissemination of best practices in trauma-informed care for children and families	No	Yes (Section 1515)	
National Milestones to Measure Success in Curtailing the Opioid Crisis	Requires the Secretary of HHS to develop or identify existing national indicators to measure success in curtailing the opioid crisis and significantly reversing the incidence and prevalence of opioid misuse and abuse and opioid-related morbidity and mortality in the United States within 5 years of enactment.	No	Yes (Section 1516)	
Expanding the use of telehealth services for the treatment of opioid use disorder and other substance use disorders	Eliminates the restrictions on where a beneficiary must be located to receive a Medicare-covered telehealth service, known as the “originating site”, for beneficiaries with a substance use disorder, with a facility fee paid to each site from which a service originates except for the beneficiary’s home.	No	Yes (Section 2102)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
Fighting the opioid epidemic with sunshine	Enhances the CMS-run Open Payments, or “sunshine”, program by expanding the types of professionals for whom a drug and device manufacturer is required to report when the manufacturer provides something of value to include: physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives	No	Yes (Section 2108)	
Encouraging appropriate prescribing under Medicare for victims of opioid overdose	Requires that CMS identify beneficiaries enrolled in Medicare Part D with a history of opioid-related overdose and include them in its system for monitoring those potentially at-risk for prescription drug abuse, enabling prescription drug plans to take steps that inform prescribers and dispensing pharmacies and facilitate improved care.	No	Yes (Section 2110)	
Automatic escalation to external review under a Medicare part D drug management program for at-risk beneficiaries	Requires that a beneficiary enrolled in Medicare Part D who CMS identifies as potentially at-risk for prescription drug abuse (or is subsequently identified as at-risk) can automatically escalate an appeal of such designation to an entity external to the prescription drug plan if the plan affirms its own decision at the initial appeal level.	No	Yes (Section 2111)	
Medicare Improvement Fund	Deposits \$65 million into the Medicare Improvement Fund that is available to CMS	No	Yes (Section 2113)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
	to make improvements under the original Medicare fee-for-service program			
Peer support enhancement and evaluation review	Directs the GAO to study and submit a report on how Medicaid covers peer support services, including: the types of services provided; payment models; states' experiences providing peer support services; and how states measure the extent to which peer support services improve costs and outcomes for beneficiaries.	No	Yes (Section 2202)	
Medicaid substance use disorder treatment via telehealth	Directs CMS to issue guidance to states on options for providing services via telehealth that address substance use disorders under Medicaid. Requires guidance to cover state options for federal reimbursement for substance use disorder services and treatment using telehealth including, services addressing high-risk individuals, provider education through a hub-and-spoke model, and options for providing telehealth services to students in school-based health centers.	No	Yes (Section 2203)	
Enhancing patient access to non-opioid treatment options	Directs CMS to issue guidance on states' options for treating and managing beneficiaries' pain through non-opioid pain treatment and management options under Medicaid.	No	Yes (Section 2204)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
Assessing barriers to opioid use disorder treatment	Directs GAO to analyze and issue a report to Congress on the barriers to access to substance use disorder treatment medications under various drug distribution models, such as buy-and-bill, as well as addressing options for state Medicaid programs to reduce or remove such barriers. GAO is directed to make recommendations, as appropriate	No	Yes (Section 2205)	
Help for moms and babies	Modifies the “IMD exclusion” for pregnant and postpartum women to address a subset of the prohibition on Medicaid from paying for services for certain adults in institutions for mental disease (IMD). Modifies Section 1905(a) of the Social security act to ensure that pregnant and postpartum women receiving care for substance use disorders in an IMD can continue to receive other Medicaid-covered care outside of the IMD, such as prenatal services	No	Yes (Section 2206)	
Securing flexibility to treat substance use disorders	Clarifies flexibilities around Medicaid’s IMD exclusion where, in some cases, managed care plans may provide alternative services in lieu of other services that are not permitted under the state plan. Maintaining current regulations, permits managed care plans to cover treatment in an IMD for a	No	Yes (Section 2207)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
	certain number of days in a month in lieu of other types of services			
MACPAC study and report on MAT utilization controls under State Medicaid programs	Directs the Medicaid and CHIP Payment and Access Commission (MACPAC) to conduct a study on utilization management controls applied to medication-assisted treatment options in both fee-for-service and managed Medicaid programs	No	Yes (Section 2208)	
Opioid addiction treatment programs enhancement	Requires the Secretary to publish a data book detailing, for each state, statistics on the prevalence and treatment of substance abuse disorder among Medicaid beneficiaries, including beneficiaries receiving treatment under fee for service and managed care arrangements. Requires the data book to be issued within one year and use data from the Transformed Medicaid Statistical Information System (T-MSIS). Requires HHS to make T-MSIS data available to researchers in the same manner in which precursor data had been made available in the past, including relevant privacy and security protections	No	Yes (Section 2209)	
Better data sharing to combat the opioid crisis	Clarifies states' ability to access and share data from prescription drug monitoring program databases, consistent with the parameters established in state law, including with providers and managed care	No	Yes (Section 2210)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
	entities, and in adherence to applicable security and privacy protections and laws			
Report on innovative State initiatives and strategies to provide housing-related services and supports to individuals struggling with substance use disorders under Medicaid	Directs HHS to issue a report on innovative state initiatives and covered housing-related services that state Medicaid programs use to provide supports to enrollees with substance use disorders who are experiencing homelessness or are at risk of homelessness.	No	Yes (Section 2212)	
Technical assistance and support for innovative State strategies to provide housing-related supports under Medicaid	Directs HHS to provide technical assistance to states to develop and coordinate housing-related supports and services, either through state plans or waivers, and care coordination services, for Medicaid enrollees with substance use disorders.	No	Yes (Section 2213)	
Supporting family-focused residential treatment	Requires HHS to develop and issue guidance to states identifying opportunities to support family-focused residential substance abuse treatment programs	No	Yes (Section 2301)	
Improving recovery and reunifying families	Provides \$15 million to HHS to replicate a “recovery coach” program for parents with children in foster care due to parental substance abuse, which has been shown to reduce the length of time children spend in foster care. This will allow HHS to determine whether the program can be replicated in another state and yield the same results.	No	Yes (Section 2302)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
Building capacity for family-focused residential treatment	Beginning in FY 2020, states will be eligible to receive funding to provide evidence-based substance abuse prevention and treatment services to families with children at risk of entering foster care (as a result of the <i>Family First Prevention Services Act</i>). This section authorizes \$20 million in funding for HHS to award to states to develop, enhance, or evaluate family-focused treatment programs to increase the number of evidence-based programs that will later qualify for funding under <i>Family First</i> .	No	Yes (Section 2303)	
Authority to make grants	Allows the AG to award grants to States to increase the participation of eligible collectors as authorized collectors for drug-disposal programs.	No	Yes (Section 3103)	
Application	Outlines the requirements that a state must meet if submitting an application for a grant	No	Yes (Section 3104)	
Use of grant funds	Limits use of grant that a state receives to the costs of installation, maintenance, training, purchasing, and disposal of controlled substance associated with the participation of collectors.	No	Yes (Section 3105)	
Eligibility for grant	Requires that the AG shall award a grant to five states, not less than three of which are in the lowest 25 percent of states in	No	Yes (Section 3106)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
	participation rates for drug take-back programs.			
Duration of grants	Allows the AG to determine the period of years for which the grant is made to the state.	No	Yes (Section 3107)	
Accountability and oversight	Requires a state that receives a grant to provide a report to the AG that lists the recipients of grant amounts, describes the activities used by the grant amounts, and contains performance measures as to the effectiveness of the grant, including participation rates.	No	Yes (Section 3108)	
Duration of program	Limits the AG to award grants for each of the first 5 fiscal years after enactment.	No	Yes (Section 3109)	
Authorization of appropriations	Outlines that there are authorized to be appropriated to the AG such sums as may be necessary to carry out this Act.	No	Yes (Section 3110)	
Purpose of Increased Drug Disposal Act of 2018	States the purpose of the bill, which is to provide drug manufacturers and distributors with access to anonymized information through ARCOS to help drug manufacturers and distributors identify, report, and stop suspicious orders of opioids which will in turn reduce diversion rates.	No	Yes (Section 3202)	
Amendments	Requires DEA to make anonymized information available to registrants with access to ARCOS, including the total number of distributors serving a single	No	Yes (Section 3203)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
	pharmacy or practitioner, and the total number of opioid pills distributed to a single pharmacy or practitioner.			
Report	Requires DEA to report to Congress on how it is using ARCOS data to identify and stop suspicious orders of opioids.	No	Yes (Section 3204)	
Reauthorization of the Office of National Drug Control Policy	Reauthorizes the Office of National Drug Control Policy (ONDCP) at the White House, which oversees all Executive Branch efforts on narcotics control, including the development of a national drug control strategy.	No	Yes (Section 3302)	
Reauthorization of the Drug-Free Communities Program	Reauthorizes the Drug-Free Communities (DFC) Program through 2022. DFC is a grant program administered by ONDCP that works to prevent youth substance abuse and reduce the demand for illicit narcotics at a community level.	No	Yes (Section 3303)	
Reauthorization of the National Community Anti-Drug Coalition Institute	Reauthorizes the National Community Anti-Drug Coalition Institute through 2022.	No	Yes (Section 3304)	
Reauthorization of the High-Intensity Drug Trafficking Area Program	Reauthorizes the ONDCP High-Intensity Drug Trafficking Area (HIDTA) Program. HIDTA provides funding for federal, state, and local law enforcement task forces operating in our nation’s most critical drug trafficking regions.	No	Yes (Section 3305)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
Reauthorization of drug court program	Reauthorizes Department of Justice funding for drug courts through 2022.	No	Yes (Section 3306)	
Drug court training and technical assistance	Allows non-profit organizations to provide important training and technical assistance to drug courts.	No	Yes (Section 3307)	
Drug overdose response strategy	Improves upon the HIDTA by targeting funds for implementing a coordinated drug overdose response strategy	No	Yes (Section 3308)	
Protecting law enforcement officers from accidental exposure	Provides supplemental grants to law enforcement agencies to protect law enforcement from accidental exposure to dangerous narcotics.	No	Yes (Section 3309)	
COPS Anti-Meth Program	Authorizes the AG to make competitive grants available to state law enforcement agencies with high seizures of precursor chemicals, methamphetamine, and laboratories for the purpose of investigating illicit activities, such as diversion, laboratories, or methamphetamine trafficking.	No	Yes (Section 3310)	
COPS anti-heroin task force program	Authorizes the AG to make competitive grants available to state law enforcement agencies in states with high rates of treatment admissions, for the purpose of investigating illicit activities.	No	Yes (Section 3311)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
Comprehensive Addiction and Recovery Act education and awareness	Allows the AG to may grants to entities that focus on addiction and substance use disorders and specialize in family and patient services.	No	Yes (Section 3312)	
Protecting children with addicted parents	Requires HHS to disseminate best practices for states on interventions and strategies to keep families affected by substances use disorder together.	No	Yes (Section 3313)	
Reimbursement of substance use disorder treatment professionals	Mandates the Comptroller General to submit to Congress a report examining how substance use disorder services are reimbursed.	No	Yes (Section 3314)	
Sobriety Treatment and Recovery Teams (START)	Authorizes SAMHSA to provide grants to establish Sobriety Treatment and Recovery Teams (START) to determine the effectiveness of pairing social workers and mentors with families that are struggling with substance use disorder and child abuse or neglect.	No	Yes (Section 3315)	
Provider education	Requires the AG and Secretary of HHS to complete a plan for educating and training medical practitioners in best practices for prescribing controlled substances.	No	Yes (Section 3316)	
Strengthening considerations for DEA opioid quotas.	Requires registrants to design systems to identify and report suspicious orders; also requires DEA to establish a database for the collection of all suspicious orders reported	No	Yes (Section 3502)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
	by all registrants, and to share suspicious order information with States.			
Improvements to prevent drug diversion	Requires registrants to design systems to identify and report suspicious orders; also requires DEA to establish a database for the collection of all suspicious orders reported by all registrants, and to share suspicious order information with States.	No	Yes (Section 3602)	
Rail mechanical employee controlled substances and alcohol testing	Requires the Secretary of Transportation to publish a final rule to designate rail mechanical employees as employees responsible for safety-sensitive functions for the purposes of railroad drug and alcohol testing requirements.	No	Yes (Section 4102)	
Rail yardmaster controlled substances and alcohol testing	Requires the Secretary of Transportation to publish a final rule to designate yardmasters as employees responsible for safety-sensitive functions for the purposes of railroad drug and alcohol testing requirements.	No	Yes (Section 4103)	
Department of Transportation public drug and alcohol testing database	Requires the Secretary of Transportation to establish and make publicly available on its website a database of drug and alcohol testing data reported by employers for each mode of transportation and to update the database annually, while protecting commercially sensitive data and ensuring	No	Yes (Section 4104)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
	individual employers and employees are not identified.			
GAO report on Department of Transportation’s collection and use of drug and alcohol testing data	Requires the GAO to review Department of Transportation’s Drug and Alcohol Testing Information Management System and to submit a report on the review, including potential recommendations for improvement, to relevant congressional committees.	No	Yes (Section 4105)	
Transportation Workplace Drug and Alcohol Testing Program; addition of fentanyl	Requires the Secretary of HHS to determine, within 6 months, whether the inclusion of fentanyl on the panel of drugs authorized for testing is justified and—if justified— requires the Secretary to issue a revision to HHS mandatory guidelines to include fentanyl on the testing panel.	No	Yes (Section 4106)	
Status reports on hair testing guidelines	Requires the Secretary of HHS to report to Congress on the status of the final notice for the statutorily-required scientific and technical guidelines for hair testing, within 30 days of enactment of this bill and every 6 months thereafter, until the agency publishes a final notice of guidelines for hair testing.	No	Yes (Section 4107)	
Mandatory Guidelines for Federal Workplace Drug Testing Programs using Oral Fluid	Requires the Secretary of HHS to publish a final notice of mandatory guidelines for oral fluid testing not later than December 31,	No	Yes (Section 4108)	

House and Senate Opioid Package Comparison

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/17 (yes/no)	Notes
	2018, based on the notice of proposed mandatory guidelines published in 2015.			
Electronic recordkeeping	Requires the HHS, not later than 1 year from the date of enactment of this bill, to ensure each certified laboratory that requests the use of paperless electronic chain of custody forms receives approval.	No	Yes (Section 4109)	
Status reports on Commercial Driver's License Drug and Alcohol Clearinghouse	Requires the Federal Motor Carrier Safety Administration to submit a report to Congress biannually on the implementation of the final rule for the Commercial Driver's Drug and Alcohol Clearinghouse, until such rule is fully implemented.	No	Yes (Section 4110)	
False or misleading representations with respect to opioid treatment programs and products	Section 4203(a) would affirmatively establish that it is unlawful to make any deceptive representation with respect to the cost, price, efficacy, performance, benefit, risk, or safety of any opioid treatment program or opioid treatment product.	No	Yes (Section 4203)	