

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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	(Section 1001)	Language in final bill and House version is the same
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	(Section 1002)	Language in final bill and House version is the same
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	(Section 1003)	Language in final bill and House version is the same
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	(Section 1004)	Language in final bill and House version is the same



House and Senate Opioid Package Comparison
September 27, 2018

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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)	(Section 1005)	Language between House and Senate Versions is different, but the goal is the same. The final version is closest to House language, with a 1 year timeline for HHS to submit a report to Congress detailing recommendations and best practices

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Disposal of controlled substances of a deceased hospice patient by employees of a qualified hospice program. (Safe Disposal of Unused Medication Act)	Allows hospice employees to dispose of a deceased hospice patient’s controlled substances onsite. 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.	Yes (Section 7062)	Yes (Section 1307)	(Section 3221 - 3223)	Final Bill alters wording in Senate section (5)(A) and adds sections on Guidance and Rule of Construction relating to State and Local Law. Final package includes language in title that says “GAO Study and Report on Hospice Safe Drug Management”
Programs and materials for training on certain circumstances under which a pharmacist may decline to fill a prescription. (Empowering Pharmacists in the Fight Against Opioid Abuse Act)	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	(Section 3211-3212)	Comparable language.

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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	(Section 1006)	Language in final bill and House version is the same
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)	(Section 2002)	Language is different, but the goal is the same. Final bill matches House version
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)	(Section 2003)	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	(Section 2004)	Language in final bill and House version is the same

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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)	(Section 2005)	<p>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.</p> <p>Language in final bill matches the House version.</p>

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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)	(Section 3001)	Senate version is more extensive than house version, Final version is the same as the Senate version except that the final bill has minor language changes in title.
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 the definition of an adverse drug experience to include such situations.	No	Yes (Section 1304)	(Section 3041)	Final bill adds section on Safety Labeling Changes.
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)	(Section 3213)	Comparable language.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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 therapeutic areas where such guidelines do not exist	Yes (Section 3004)	No	(Section 3002)	Words “High-Quality” missing in title of final. The report is set to be submitted one year after the act, not two as in the house. Final bill is missing a definition for “evidence-based.”
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	(Section 4001)	Final bill amends 9A instead of 7A, same language.
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	(Section 4002)	Same language

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Mandatory Reporting with Respect to Adult Behavioral 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)	(, Section 5001)	Identical language in all bills.
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	(Section 5011 - 5012)	Identical language in house and final bill.
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	, Section 5021-5022)	Final bill adds definition of mental health ad substance use disorder services, otherwise: identical language.
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	(Section 5031-5032)	Identical language in house final bill.

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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	(Section 5041-5042)	Final bill expands part (a), (f) includes increases to FMAP not just Federal Matching Rates and expands to include a “Condition” section.
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)	(Section 6001)	<p>Nearly identical language. House version includes nurse practitioners with respect to providing psychiatric services among acceptable behavioral health providers.</p> <p>Language in final bill matches House version</p>

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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	(Section 6012)	Final language is nearly identical as House language; adds that the study will evaluate the effectiveness of abuse-deterrent opioid formulations in preventing misuse and abuse
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)	(Section 6021)	Nearly identical language. Senate version includes a suggestion notice for “the beneficiary to talk to a physician regarding opioid use and pain management.” Final language matches Senate version

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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	(Section 6032)	Similar language. Final bill establishes a deadline of 1.1.2020 for HHS to develop the action plan including a review of Medicare and Medicaid beneficiary access to MAT.

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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 physical and mental health outcomes for such beneficiaries, and reduce expenditures to the extent possible.	Yes (Section 6041-6042)	Yes (Section 2109)	(Section 6042)	Different language and terms but similar in purpose of increasing access to opioid use disorder treatment services (House) and testing coverage and payment of similar services (Senate). House version is broader in scope, with a 20,000 limit on participation. Final language matches House version.

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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. Authorizes a grant program to support development of curriculum that will help health care practitioners obtain a waiver to prescribe MAT.	No	Yes (Section 1406-7)	(Section 3202-3203).	Identical language, but adds provision at 3201 for “Allowing for More Flexibility with Respect to Medication-Assisted Treatment for Opioid Use Disorders.”

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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)	(Section 6052)	House version provides grants for technical assistance for outlier prescribers, Senate version provides for notification and additional requirements for outlier prescribers (no grants). Final language matches House version.
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)	(Section 6062)	Identical language.

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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)	(Section 6063)	Slightly different language. House version includes requirement for communications of HIPAA compliant information only. Final bill matches House version.
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	(Section 6064)	Identical language.

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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)	(Section 6065)	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. Final bill matches Senate version

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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	(Section 6072)	Identical language
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	(Section 6082-6086)	Identical language
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 for a technical expert panel on reducing surgical setting opioid use and data collection on perioperative opioid use.	Yes (Section 6091-6095)	No	(Section 6092-6095)	Identical language

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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 6102)	No	(Section 2008)	Identical language
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	(Section 6102- 6104)	Identical language

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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)	(Section 2001)	Identical language
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)	(Section 6111)	Identical language

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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)	(Section 2006)	Identical language.
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)	(Section 2007)	Identical language

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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)	(Section 1008)	Identical language

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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)	(Section 1009)	Identical language
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)	(Section 1010)	Identical language

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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)	(Section 1011)	Identical language

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
Help for moms and babies	<p>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</p>	No	Yes (Section 2206)	(Section 1012)	Identical language

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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 certain number of days in a month in lieu of other types of services	No	Yes (Section 2207)	(Section 1013)	Identical language
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)	(Section 1014)	Identical language

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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)	(Section 1015)	Identical language

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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 entities, and in adherence to applicable security and privacy protections and laws	No	Yes (Section 2210)	(Section 1016)	Identical language
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)	(Section 1017)	Identical language
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)	(Section 1018)	Identical language

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Access to Increased Drug Disposal Act of 2018	Allows the AG to award grants to States to increase the participation of eligible collectors as authorized collectors for drug-disposal programs, outlines the requirements that a state must meet if submitting an application for a grant, 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 3103-3110)	(Sections 3241-3260)	Comparable language.
Using Data to Prevent Opioid Diversion 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 3202-04)	(Sections 3271-3274)	Identical language to senate bill.

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Strengthening considerations for DEA opioid quotas.(Opioid Quota Reform Act)	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 3502)	(Sections 3281 - 3282)	Comparable language.

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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)	(Section 3014)	Final bill expands the ways that the ways in which facilities can be improved.

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Improvements to prevent drug diversion. (Reinventing Drug Diversion Act)	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)	(Section 3291-3292)	Final bill includes call for one time GAO report within a year.
Caring recovery for infants and babies	Makes medical assistance available on an inpatient or outpatient basis at a residential pediatric recovery center to infants with neonatal abstinence syndrome	No	Yes (Section 2201)	(Section 1007)	Identical language
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	(Section 7011)	The Final version awards grants to achieve same goal as the House version.
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	(Section 7171)	The Final version contains similar language as the House version with the same goal.

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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	(Section 7001)	The Final version contains similar language as the House version with the same goal.
Establishment of substance use disorder information dashboard.	Directs HHS to establish a public information dashboard on substance use disorder	Yes (Section 7022)	No	(Section 7021)	The Final version contains similar language as the House version with the same goal.
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	(Section 7022)	Identical language.
Deadline for interim final regulations for a special registration to engage in the practice of telemedicine. (Special Registration for Telemedicine Clarification Act of 2018)	Establishes a deadline for interim final regulations for a special registration to engage in the practice of telemedicine	Yes (Section 7172)	Yes (Section 1415)	(Section 3231-3232)	Senate language is more detailed, but the goal and deadline are the same. Final bill comparable to Senate.

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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)	(Section 7031)	House and Final version authorizes appropriations and raises definitions.
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)	(Section 7041)	Identical language in all three.
Jessie's Law	Requires inclusion of opioid addiction history in patient records, communication with families during emergencies, and development and dissemination of Model Training Programs for Substance Use Disorder Patient Records.	Yes (Section 7052-7053)	Yes (Section 1508-1509)	(Section 7051-7053)	Similar language in all three, same purpose.

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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)	(Section 7071)	House language is more extensive, but all three have the same goal and authorized appropriations
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)	(Section 7091)	Similar language. Senate version authorizes \$5,000,000, House and Final version authorize \$10,000,000.
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	(Section 7101)	Similar language to House version.
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	(Section 7111)	Similar to House version, same purpose.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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)	(Section 7121)	Senate language slightly more extensive, same goal. Final version authorizes \$10,000,000 for each fiscal years, same as Senate.
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)	(Section 7141)	Different language, but same goal and authorization of appropriations in all three.
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	(Sections 5051-5053)	Language in title between House and Final bill differ substantially.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
Building communities of recovery.	Defines ‘recovery community organization’	Yes (Section 7182)	Yes (Section 1404)	(Section 7151)	Same goal, different language. House authorizes \$15,000,000, Senate authorizes “such sums as may be necessary.” Final version authorizes \$5,000,000 for FY2019-2023.
Controlled Substance Analogues	Amends Section 203 of the Controlled Substances Act.	Yes, (Section 9012)	Yes (Section 3402)	(Section 3241)	(originally part of SITSA Act) Final bill language identical to Senate bill.
Preventing overdoses of controlled substances.	Authorizes CDC grants for evidence-based overdose prevention activities	Yes (Section 7202)	Yes (Section 1505)	(Section 7161)	Similar language, same goal. Final version includes evidence-based prevention grants.
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	(Section 7162)	Similar language to House, same goal.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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	(Section 7135)	Similar language to House, same goal.
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)	(Section 7065)	Final version amends Section 105(a) of the Child Abuse Prevention and Treatment Act.
Peer counseling for Female Veterans	Calls on Veterans Affairs to increase the number of peer-to-peer counselors providing counseling for women veterans, and shall seek to recruit women peer support counselors with expertise in female gender-specific issues and services.	Yes, (Subtitle G, Section 8601)	No	(Section 8051)	Similar language to House, same goal.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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	(Section 8061-8062)	Final version includes drug abuse mitigation initiatives (Sec. 8062)
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	(Section 8091-8092)	Final version includes reauthorization of the comprehensive opioid abuse grant program (Sect. 8092)

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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 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.	No	Yes (Section 1202)	(Section 7042)	Final version has identical language as Senate version.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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)	(Section 7002)	Final version has identical language as Senate version.
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)	(Section 7081)	Final version has identical language as Senate version.
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)	(Section 7152)	Final version has identical language as Senate version.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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 communities with opioid or substance use disorder.	No	Yes (Section 1410)	(Section 8041)	Final version has identical language as Senate version.
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)	(Section 7183)	Final version is similar, same goal.
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)	(Section 8071)	Final version has identical language as Senate version.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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)	(Section 7102)	Final version has identical language as Senate version.
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)	(Section 7072)	Provides clarifications in final version.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	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)	(Section 7063)	Final version has identical language as Senate version.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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)	(Section 7182)	Final version has identical language as Senate version.
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 length, quantity, or dosage of opioid prescriptions.	No	Yes (Section 1501)	(Section 7024)	Final version has identical language as Senate version.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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)	(Section 7073)	Final version has identical language as Senate version.
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)	(Section 7131)	Final version has identical language as Senate version.
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)	(Section 7064)	Final version has identical language as Senate version.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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)	(Section 7132)	Final version has identical language as Senate version.
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 support services to help prevent and mitigate trauma that children and youth experience.	No	Yes (Section 1514)	(Section 7134)	Final version has identical language as Senate version.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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)	(Section 7133)	Final version has identical language as Senate version.
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)	(Section 7023)	Final version has identical language as Senate version.
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)	(Section 8081)	Final version has identical language as Senate version.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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)	(Section 8082)	Final version has identical language as Senate version.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	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)	(Section 8083)	Final version has identical language as Senate version.
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)	(Section 8202)	Similar language to Senate, same goal.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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)	(Section 8203)	Similar language to Senate, same goal.
Reauthorization of the National Community Anti-Drug Coalition Institute	Reauthorizes the National Community Anti-Drug Coalition Institute through 2022.	No	Yes (Section 3304)	(Section 8204)	Similar language to Senate, same goal.
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)	(Section 8205)	Similar language to Senate, same goal.
Reauthorization of drug court program	Reauthorizes Department of Justice funding for drug courts through 2022.	No	Yes (Section 3306)	(Section 8206)	Similar language to Senate, same goal.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
Drug court training and technical assistance	Allows non-profit organizations to provide important training and technical assistance to drug courts.	No	Yes (Section 3307)	(Section 8207)	Similar language to Senate, same goal.
Drug overdose response strategy	Improves upon the HIDTA by targeting funds for implementing a coordinated drug overdose response strategy	No	Yes (Section 3308)	(Section 8208)	Similar language to Senate, same goal.
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)	(Section 8209)	Similar language to Senate, same goal.
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)	(Section 8210)	Similar language to Senate, same goal.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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)	(Section 8211)	Similar language to Senate, same goal.
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)	(Section 8212)	Similar language to Senate, same goal.
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)	(Section 8213)	Similar language to Senate, same goal.
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)	(Section 8214)	Similar language to Senate, same goal.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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)	(Section Sections 8215-8222)	Final version also includes further sections on substance abuse prevention, including definitions, amendments to administration of the Office, GAO Audit, National Drug Control Strategy, and technical and conforming amendments.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
Fighting Opioid Abuse in Transportation	Requires Department of Transportation public drug and alcohol testing database, GAO report on Department of Transportation’s collection and use of drug and alcohol testing data, Transportation Workplace Drug and Alcohol Testing Program with the addition of fentanyl, status reports on hair testing guidelines, guidelines for federal workplace drug testing programs using oral fluid, electronic recordkeeping, and status reports on Commercial Driver’s License Drug and Alcohol Clearinghouse.	No	Yes (Section 4104-4110)	(Section 8103-8109)	Identical language to senate version.

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
SCREEN Act	Full name: “Stop Counterfeit Drugs by Regulation and Enhancing Enforcement Now.” This provision amends The Federal Food, Drug and Cosmetic Act to empower the secretary to issue orders to entities to cease distributing or creating certain controlled substances, and provide said entity the opportunity to appear at a hearing.	No	No	(Sections 3011 – 3012)	
Stop Illicit Drug Importation Act of 2018	Instructs HHS and Border Protection to work together to create and maintain a list of controlled substances that violate the controlled substances act and submit a report within 9 months.	No	No	(Sections 3021-3022)	
Securing Opioids and Unused Narcotics with Deliberate Disposal and Packaging Act of 2018 or SOUND Act	Amends the Federal Food, Drug, and Cosmetic Act to facilitate the safe and irretrievable disposal of certain prescriptions. Also commissions GAO report.	No	No	(Sections 3031-3032)	

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
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	(Section 3012)	Final package includes language in title that reads “Notification, nondistribution, and recall of controlled substances”
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 such manufacturer, distributor, or importer as adulterated or misbranded unless otherwise demonstrated	Yes (Section 7104)	No	(Section 3013)	Final package includes language in title that reads “Single source pattern of shipments of imported illegal drugs.” Language differs slightly but aim is the same.
Protecting Pregnant Woman and Infants	Requires a HHS to administer a report on addressing maternal and infant health in the opioid crisis and a report regarding the implementation of recommendations in the strategy relating to prenatal opioid use.	No	No	(Section 7061-7062)	

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
State Response to the Opioid Crisis	Requires reporting from states and Indian tribes in response to the opioid abuse crisis.	No	No	(Section 7181)	
Synthetic Overdose and Trafficking Prevention	Synthetics Trafficking and Overdose Prevention plan that calls for customs fees, mandatory advance electronic information for postal shipments, international postal agreements, cost recoupment, development of technology to detect illicit narcotics, civil penalties for postal shipments, report on violations of arrival, reporting, entry, and clearance requirements.	No	No	(Section 8001-8009)	
Opioid Addiction Recovery Fraud Prevention	Includes definitions and unfair or deceptive acts or practices with respect to substance use disorder treatment service and products.	No	No	(Section 8021-8023)	
Eliminates Kickbacks and Recovery	Eliminates kickbacks in recovery including criminal penalties.	No	No	(Section 8121-8122)	
Additional religious exemption from health coverage responsibility requirement	Amends the Internal Revenue Code to exempt individuals with certain religious beliefs	No	No	4003	

Provision Name	Summary	In HR 6 (yes/no)	In Senate Opioid Package as of 8/10 (yes/no)	In Final Opioid Package	Notes
	from being included in the term “applicable individual”				
Modernizing the reporting of biological and biosimilar products	Amends the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 to include components about biosimilar biological applicants and agreement filings.	No	No	4004	
Medicaid Improvement Fund	Increases fund expenditures to \$31,000,000.	No	No	5061	<i>Medicare</i> Improvement Fund was included in the Senate version but not the House or Final.