

118TH CONGRESS
2D SESSION

S. 4430

To amend title XIX of the Social Security Act to establish a Health Engagement Hub demonstration program to increase access to treatment for opiate use disorder and other drug use treatment, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 23, 2024

Ms. CANTWELL (for herself and Mr. CASSIDY) introduced the following bill;
which was read twice and referred to the Committee on Finance

A BILL

To amend title XIX of the Social Security Act to establish a Health Engagement Hub demonstration program to increase access to treatment for opiate use disorder and other drug use treatment, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Fatal Overdose Reduc-
5 tion Act of 2024”.

1 **SEC. 2. HEALTH ENGAGEMENT HUB DEMONSTRATION PRO-**
2 **GRAM UNDER MEDICAID.**

3 Section 1903 of the Social Security Act (42 U.S.C.
4 1396b) is amended by adding at the end the following new
5 subsection:

6 “(cc) HEALTH ENGAGEMENT HUB DEMONSTRATION
7 PROGRAM.—

8 “(1) AUTHORITY.—The Secretary shall conduct
9 a demonstration program (referred to in this sub-
10 section as the ‘demonstration program’) for the pur-
11 pose of increasing access to treatment for opiate use
12 disorder and other drug use treatment through the
13 establishment of Health Engagement Hubs that
14 meet the criteria published by the Secretary under
15 paragraph (2)(A).

16 “(2) PUBLICATION OF GUIDANCE.—Not later
17 than 6 months after the date of enactment of this
18 subsection, the Secretary shall publish the following:

19 “(A) CERTIFICATION CRITERIA.—The cri-
20 teria described in paragraph (3) for an organi-
21 zation to be certified by a State as a Health
22 Engagement Hub for purposes of participating
23 in the demonstration program.

24 “(B) PROSPECTIVE PAYMENT SYSTEM.—
25 Guidance for States selected to participate in
26 the demonstration program to use to establish

1 a prospective payment system for services per-
2 mitted under paragraph (3)(B) that are pro-
3 vided by a certified Health Engagement Hub
4 participating in the demonstration program.

5 “(3) CRITERIA FOR CERTIFICATION OF HEALTH
6 ENGAGEMENT HUBS.—

7 “(A) GENERAL REQUIREMENTS.—In order
8 to be certified as a Health Engagement Hub,
9 an organization shall—

10 “(i) demonstrate that the organization
11 is able to serve as an all-in-one location
12 where individuals who are eligible for med-
13 ical assistance under a State plan under
14 this title or under a waiver of such plan
15 who seek treatment for opiate use disorder
16 or other drug use may access a range of
17 social and medical services, in a drop-in
18 manner and without prior appointment or
19 proof of payment;

20 “(ii) provide the services specified in
21 subparagraph (B) (in a manner reflecting
22 person-centered care) which, if not avail-
23 able directly through the organization,
24 shall be provided through formal relation-
25 ships with other providers;

1 “(iii) demonstrate that in selecting
2 the location for the Health Engagement
3 Hub, the organization prioritized place-
4 ment in communities disproportionately
5 impacted by overdose, health issues, and
6 other harms related to drug use, as well as
7 areas that are medically underserved,
8 rural, geographically isolated areas, tribal
9 areas, or urban centers with under-
10 resourced behavioral health infrastructure,
11 including disadvantaged communities
12 based on race, individuals experiencing
13 homelessness, and communities negatively
14 impacted by the criminal-legal system;

15 “(iv) give priority to establishing or
16 adopting evidence-based models to increase
17 engagement or improve outcomes for indi-
18 viduals with active, ongoing substance use,
19 such as social work empowerment models
20 approved by the Secretary, motivational
21 interviewing models approved by the Sec-
22 retary, or shared decision making models
23 approved by the Secretary; and

24 “(v) meet—

1 “(I) the minimum staffing re-
2 quirements described in subparagraph
3 (C);

4 “(II) the experience requirement
5 described in subparagraph (D); and

6 “(III) the community advisory
7 board requirement described in sub-
8 paragraph (E).

9 “(B) SCOPE OF SERVICES.—The services
10 specified in this subparagraph are the following:

11 “(i) REQUIRED SERVICES.—

12 “(I) Harm reduction services and
13 supplies provided directly by the orga-
14 nization or under an arrangement
15 with an organization that offers harm
16 reduction services (which may include
17 a syringe service program, a Feder-
18 ally-qualified health center, a commu-
19 nity health center, a Tribal health
20 program, or an opioid treatment pro-
21 gram that offers such services), that
22 include—

23 “(aa) overdose education
24 and naloxone distribution;

1 “(bb) safer drug use edu-
2 cation and supplies;

3 “(cc) safer-sex supplies;

4 “(dd) emotional support and
5 counseling services to reduce
6 harms associated with substance
7 use, including trauma-informed
8 care; and

9 “(ee) access or referral to
10 medications and drugs approved
11 by the Food and Drug Adminis-
12 tration for treatment of opioid
13 use disorder with a strong evi-
14 dence base of significantly reduc-
15 ing mortality (such as methadone
16 and buprenorphine) and other
17 substances, including stimulants,
18 within 4 hours.

19 “(II) Substance use disorder
20 screening and brief intervention.

21 “(III) Patient-centered and pa-
22 tient-driven physical and behavioral
23 health care that has walk-in avail-
24 ability, is offered during non-tradi-

1 tional hours, including evenings and
2 weekends, and includes—

3 “(aa) shared decision mak-
4 ing for patients and providers for
5 opioid use disorder, stimulant use
6 disorder, or both, under which a
7 patient and provider discuss the
8 patient’s diagnosis and condition
9 together and evaluate treatment
10 options together;

11 “(bb) primary mental health
12 and substance use disorder serv-
13 ices, including screening, assess-
14 ment, and referrals to higher lev-
15 els of care;

16 “(cc) wound care;

17 “(dd) infectious disease vac-
18 cination, screening, testing, and,
19 to the extent practicable, treat-
20 ment (including for HIV, sexually
21 transmitted infections, and hepa-
22 titis testing and treatment);

23 “(ee) access or referral to
24 sexual and reproductive health
25 services;

1 “(ff) assessment and linkage
2 or referrals to psychiatric serv-
3 ices and other specialty care; and

4 “(gg) secure medication
5 storage and inventory policies
6 and procedures for patients expe-
7 riencing homelessness or housing
8 insecurity.

9 “(IV) Care coordination, complex
10 case management, and other case
11 management, care navigation, and
12 care coordination services that may
13 include—

14 “(aa) education and assist-
15 ance with obtaining housing,
16 transportation, and other public
17 assistance benefits, including en-
18 rollment in the State plan under
19 this title or under a waiver of
20 such plan;

21 “(bb) identification services
22 (such as assistance with obtain-
23 ing a government-recognized
24 form of identification);

1 “(cc) employment coun-
2 seling;

3 “(dd) recovery support coun-
4 seling;

5 “(ee) family reunification
6 services; and

7 “(ff) criminal-legal services.

8 “(V) All services that may be
9 provided under the Outreach Site/
10 Street Place of Service code (POS
11 Code 27 as of October 1, 2023) (or a
12 successor place of service code).

13 “(VI) Community health out-
14 reach and navigation services to en-
15 gage with and conduct outreach to
16 community members that is provided
17 by outreach and engagement staff de-
18 scribed in subparagraph (C)(i)(IV).

19 “(ii) OPTIONAL SERVICES.—

20 “(I) Services and supplies to
21 meet basic needs, including food,
22 clothing, and hygiene supplies.

23 “(II) Evidence-based and cul-
24 turally appropriate behavioral health
25 services.

1 “(III) Medication management
2 for physical and mental health condi-
3 tions.

4 “(C) MINIMUM STAFFING REQUIRE-
5 MENTS.—

6 “(i) IN GENERAL.—The minimum
7 staffing requirements specified in this sub-
8 paragraph are the following:

9 “(I) At least 1 part-time or full-
10 time health care provider who is li-
11 censed to practice in the State and is
12 licensed, registered, or otherwise per-
13 mitted, by the United States to pre-
14 scribe controlled substances (as de-
15 fined in section 102 of the Controlled
16 Substances Act) in the course of pro-
17 fessional practice.

18 “(II) At least 1 part-time or full-
19 time registered professional nurse or
20 licensed practical nurse who can pro-
21 vide medication management, medical
22 case management, care coordination,
23 wound care, vaccine administration,
24 and community-based outreach.

1 “(III) At least 1 part-time or
2 full-time licensed behavioral health
3 staff who is qualified to assess and
4 provide counseling and treatment rec-
5 ommendations for substance use and
6 mental health diagnoses.

7 “(IV) Full-time outreach, en-
8 gagement, and ongoing care naviga-
9 tion staff, including peer counselors,
10 community health workers, and recov-
11 ery coaches. At least 50 percent of
12 such staff shall be individuals with a
13 personal history of drug use.

14 “(ii) STAFFING THROUGH ARRANGE-
15 MENTS WITH PARTNER AGENCIES.—An or-
16 ganization may enter into an arrangement
17 with a partner agency, such as a Feder-
18 ally-qualified health center, to satisfy the
19 minimum staffing requirements specified
20 in clause (i).

21 “(D) EXPERIENCE.—An organization shall
22 have a demonstrated history of at least 12
23 months of service provision to individuals who
24 use drugs, including those who continue with

1 substance use while receiving health and social
2 services.

3 “(E) COMMUNITY ADVISORY BOARD.—An
4 organization shall have a community advisory
5 board composed of individuals with a history of
6 substance use, or who continue with substance
7 use, that meets, at a minimum, on—

8 “(i) a monthly basis, to review pro-
9 gram utilization data and provide feedback
10 to the organization; and

11 “(ii) on a quarterly basis, with the ex-
12 ecutives or board of directors of the orga-
13 nization to provide input on service deliv-
14 ery and receive feedback on actions taken
15 based on previous feedback provided by the
16 community advisory board.

17 “(4) PLANNING GRANTS.—

18 “(A) IN GENERAL.—Not later than 1 year
19 after the date of enactment of this subsection,
20 the Secretary shall award planning grants to
21 States for the purpose of developing proposals
22 to participate in the demonstration program.

23 “(B) AMOUNT OF GRANT.—The amount of
24 a grant awarded to a State under this para-
25 graph shall be sufficient to pay 100 percent of

1 the actual costs expended by a State to carry
2 out the activities required under subparagraph
3 (C).

4 “(C) USE OF FUNDS.—A State awarded a
5 planning grant under this paragraph shall so-
6 licit input on the development of a proposal to
7 participate in the demonstration program from
8 patients, providers, harm reduction service pro-
9 viders, social service providers, and other stake-
10 holders, with respect to—

11 “(i) identifying and certifying organi-
12 zations as Health Engagement Hubs for
13 purposes of participating in the demonstra-
14 tion program; and

15 “(ii) establishing a prospective pay-
16 ment system for services provided by a cer-
17 tified Health Engagement Hub partici-
18 pating in the demonstration program, in
19 accordance with the guidance issued under
20 paragraph (2)(B).

21 “(D) FUNDING.—Out of any funds in the
22 Treasury not otherwise appropriated, there are
23 appropriated to the Secretary such sums as are
24 necessary to carry out this paragraph, to re-
25 main available until expended.

1 “(5) STATE DEMONSTRATION PROGRAMS.—

2 “(A) IN GENERAL.—Not later than 2 years
3 after the date of enactment of this subsection,
4 the Secretary shall solicit applications solely
5 from the States awarded a planning grant
6 under paragraph (4) to participate in the dem-
7 onstration program.

8 “(B) APPLICATION REQUIREMENTS.—An
9 application to participate in the demonstration
10 program shall include the following:

11 “(i) A description of, including the es-
12 timated number of individuals in, the tar-
13 get population to be served by the State
14 under the demonstration program.

15 “(ii) An assurance that at least $\frac{1}{2}$ of
16 the Health Engagement Hubs in the State
17 shall be located in—

18 “(I) a county (or a municipality,
19 if not contained within any county)
20 where the mean drug overdose death
21 rate per 100,000 people over the past
22 3 years for which official data is avail-
23 able from the State, is higher than
24 the most recent available national av-
25 erage overdose death rate per 100,000

1 people, as reported by the Centers for
2 Disease Control and Prevention; or

3 “(II) an area of the State that is
4 designated under section 332(a)(1)(A)
5 of the Public Health Service Act as a
6 mental health professional shortage
7 area.

8 “(iii) A description of the prospective
9 payment system that is to be tested under
10 the demonstration program.

11 “(iv) A list of the certified Health En-
12 gagement Hubs located in the State that
13 will participate in the demonstration pro-
14 gram.

15 “(v) Verification that each such cer-
16 tified Health Engagement Hub satisfies
17 the requirements described in paragraph
18 (3)(A).

19 “(vi) A description of the scope of the
20 services that will be paid for under the
21 prospective payment system (which in-
22 cludes at a minimum the required services
23 described in paragraph (3)(B)(i)) that is to
24 be tested under the demonstration pro-
25 gram.

1 “(vii) Verification that the State has
2 agreed to pay for such services at the at
3 the rate established under the prospective
4 payment system.

5 “(viii) Any other information that the
6 Secretary may require relating to the dem-
7 onstration program with respect to deter-
8 mining the soundness of the proposed pro-
9 spective payment system.

10 “(C) SELECTION CRITERIA.—

11 “(i) IN GENERAL.—The Secretary
12 shall select from among the applications
13 submitted at least 10 States to participate
14 in the demonstration program based on ge-
15 ographic and demographic diversity.

16 “(ii) PRIORITY.—In addition to the
17 criteria specified in clause (i), the Sec-
18 retary shall prioritize selecting States with
19 the highest rates of opioid- or stimulant-in-
20 volved overdose death rates.

21 “(D) LENGTH OF DEMONSTRATION PRO-
22 GRAMS.—A State selected to participate in the
23 demonstration program shall participate in the
24 program for a 2-year period.

1 “(E) WAIVER OF CERTAIN REQUIRE-
2 MENTS.—The Secretary shall waive section
3 1902(a)(1) (relating to statewideness), section
4 1902(a)(10)(B) (relating to comparability), and
5 any other provision of this title which would be
6 directly contrary to the authority under this
7 subsection as may be necessary for a State to
8 participate in the demonstration program in ac-
9 cordance with this paragraph.

10 “(F) PAYMENTS TO STATES.—

11 “(i) IN GENERAL.—The Secretary
12 shall pay a State participating in the dem-
13 onstration program the Federal matching
14 percentage specified in clause (ii) for
15 amounts expended by the State for medical
16 assistance for services provided through
17 certified Health Engagement Hubs to indi-
18 viduals enrolled under the State plan (or
19 under a waiver of such plan) consisting of
20 medications and drugs approved by the
21 Food and Drug Administration for treat-
22 ment of opioid use disorder and other sub-
23 stances, including stimulants, and the serv-
24 ices specified by the State in its application
25 under subparagraph (B)(vi), at the rate es-

1 tablISHED under the prospective payment
2 system established by the State for pur-
3 poses of the demonstration program.

4 “(ii) FEDERAL MATCHING PERCENT-
5 AGE.—The Federal matching percentage
6 specified in this clause is—

7 “(I) with respect to medical as-
8 sistance described in clause (i) that is
9 furnished to a newly eligible individual
10 described in paragraph (2) of section
11 1905(y), the matching rate applicable
12 under paragraph (1) of that section;
13 and

14 “(II) with respect to medical as-
15 sistance described in clause (i) that is
16 furnished to an individual who is not
17 a newly eligible individual (as so de-
18 scribed), but who is eligible for med-
19 ical assistance under the State plan
20 under this title or under a waiver of
21 such plan, the enhanced FMAP appli-
22 cable to the State under section
23 2105(b).

24 “(iii) APPLICATION.—Payments to
25 States made under this subparagraph shall

1 be considered to have been made under,
2 and are subject to, the requirements of this
3 section.

4 “(6) REPORTS.—

5 “(A) ANNUAL STATE REPORTS.—

6 “(i) IN GENERAL.—Each State se-
7 lected to participate in the demonstration
8 program under paragraph (5) shall submit
9 an annual report to the Secretary on the
10 demonstration program that includes the
11 following:

12 “(I) An assessment of the extent
13 to which Health Engagement Hubs
14 funded under the demonstration pro-
15 gram have increased access to treat-
16 ment for opiate use disorder and other
17 drug use treatment, health services
18 for individuals who use drugs, and
19 other social services under State plans
20 under this title or under waivers of
21 such plans in the area or areas of
22 States targeted by the demonstration
23 program compared to other areas of
24 the State.

1 “(II) An assessment on the im-
2 pact of Health Engagement Hubs on
3 reducing opioid and stimulant over-
4 dose mortality rates and the rate of
5 adherence to prescribed medication
6 for opioid use, hospitalization rates,
7 and housing status for the population
8 served by a Health Engagement Hub
9 as compared to populations that are
10 not served by a Health Engagement
11 Hub.

12 “(III) A description of the suc-
13 cesses of the demonstration program.

14 “(IV) Recommendations for im-
15 provements to the demonstration pro-
16 gram, including whether the dem-
17 onstration program should be contin-
18 ued, expanded, modified, or termi-
19 nated.

20 “(ii) FUNDING.—Out of any funds in
21 the Treasury not otherwise appropriated,
22 there are appropriated such sums as are
23 necessary, to remain available until ex-
24 pended, for purposes of making payments
25 to States for expenditures attributable to

1 collecting and reporting the information re-
2 quired under this subparagraph.

3 “(B) REPORTS TO CONGRESS.—

4 “(i) IN GENERAL.—The Secretary
5 shall submit an annual report to Congress
6 that describes the information, findings,
7 and recommendations in the annual State
8 reports submitted to the Secretary under
9 subparagraph (A).

10 “(ii) IMPLEMENTATION EVALUATION
11 RESULTS.—The Secretary shall include
12 with the first 3 annual reports submitted
13 by the Secretary under this subparagraph
14 the findings and conclusions of the imple-
15 mentation evaluation required by para-
16 graph (7).

17 “(7) IMPLEMENTATION EVALUATION.—

18 “(A) IN GENERAL.—The Secretary shall
19 solicit public input and fund an implementation
20 evaluation of the planning grants awarded
21 under paragraph (4) and the initial set of
22 States selected for the demonstration program
23 under paragraph (5) to determine the reach, ef-
24 fectiveness, adoption, and implementation of the
25 demonstration program in each such State to

1 document the degree to which the services were
2 implemented as intended and allow for a com-
3 plete assessment of the impact of the Health
4 Engagement Hubs in each such State.

5 “(B) REQUIREMENTS.—

6 “(i) INFORMATION.—The evaluation
7 shall include information on the character-
8 istics of the individuals who receive serv-
9 ices, service utilization metrics over time
10 (including by staff role), and input from
11 interviews with such individuals and staff.

12 “(ii) ELIGIBLE ENTITIES.—In order
13 to be eligible to conduct the evaluation, an
14 entity shall have documented experience
15 conducting implementation evaluations of
16 health and social services programs for in-
17 dividuals who use drugs.

18 “(C) FUNDING.—Out of any funds in the
19 Treasury not otherwise appropriated, there are
20 appropriated to the Secretary such sums as are
21 necessary to carry out this paragraph, to re-
22 main available until expended.”.

23 **SEC. 3. GOVERNMENT ACCOUNTABILITY OFFICE REPORT.**

24 (a) IN GENERAL.—Not later than 6 months after the
25 conclusion of the demonstration program established

1 under subsection (cc) of section 1903 of the Social Secu-
2 rity Act (42 U.S.C. 1396b), as added by section 2, the
3 Comptroller General of the United States shall conduct
4 and publish a comparative analysis on the impacts of the
5 health engagement hubs certified under such program (in
6 this section referred to as “health engagement hubs”)
7 compared to the impacts of other opioid treatment pro-
8 grams and health care organizations that offer behavioral
9 health care or substance use disorder services.

10 (b) CONTENT OF ANALYSIS.—The analysis required
11 under this section shall include the following:

12 (1) Data and information analyzing differences
13 in rates among individuals who receive behavioral
14 health care or substance use disorder services
15 through a health engagement hub and among indi-
16 viduals who receive such care or services through a
17 program or organization referred to in subsection (a)
18 for each of the following factors:

19 (A) Changes in rates of mortality.

20 (B) Changes in rates of recidivism.

21 (C) Rates of relapse.

22 (D) Rates of hospital and emergency de-
23 partment utilization.

24 (E) Frequency of visits for care or serv-
25 ices.

1 (F) Rates of successful intervention
2 through the administration of buprenorphine or
3 other medication approved by the Food and
4 Drug Administration for the treatment of sub-
5 stance use disorder.

6 (2) Data and information comparing the racial
7 and socioeconomic demographics, housing status,
8 employment, and other metrics, as recommended by
9 the Secretary of Health and Human Services, of the
10 population groups that receive behavioral health care
11 or substance use disorder services through a health
12 engagement hub or through a program or organiza-
13 tion referred to in subsection (a).

○