

H.R. 1625, Consolidated Appropriations Act of 2018

Top-Line Summary on Select Issues

Opioids

Includes nearly \$4 billion in funding for prevention, treatment, and law enforcement, spread across multiple agencies as follows:

- USDA: \$20M to help address the opioid epidemic in rural areas through telemedicine and distance learning services.
- FDA: \$94M to strengthen FDA's presence at International Mail Facilities and purchase equipment and information technology to increase its capacity to inspect more incoming packages to detect illicit fentanyl.
- DOJ: \$446.5M for law enforcement and grants to combat opioid, heroin, and other drug trafficking and abuse, including \$330M for the CARA grant program (a \$227 million increase over FY2017), which includes funding for drug courts; mental health courts; veterans treatment courts; adult and juvenile collaboration program grants; Residential Substance Abuse Treatment for State Prisoners; monitoring prescription drugs and scheduled listed chemical products; and for a comprehensive opioid abuse program. Also, includes \$32M for Community Oriented Policing Services' (COPS) anti-heroin task force grants, additional funding for DEA to expand opioid and heroin enforcement efforts and invest in the Fentanyl Signature Profiling Program.
- NIH: \$500M for targeted research on opioid addiction, development of opioid alternatives, pain management, and addiction treatment (National Institute of Neurological Disorders and Stroke and National Institute on Drug Abuse).
- HHS:
 - an increase of \$27,000,000 for Mental and Behavioral Health Education Training to recruit and train professionals and faculty in social work, psychology, psychiatry, marriage and family therapy, substance abuse prevention and treatment, and other areas of mental and behavioral health; .
 - an increase of \$105M for the NHSC to expand and improve access to quality opioid and substance use disorder treatment in rural and underserved area and to expand eligibility for loan repayment awards to include substance use disorder counselors;
 - \$100M for a new Rural Communities Opioids Response to support treatment for and prevention of substance use disorder, with a focus on the 220 counties identified by the CDC as being at risk, and other rural communities at the highest risk for substance use disorder;
 - CDC--\$475.6M, an increase of \$350M reflecting continued strong support of Opioid Prescription Drug Overdose (PDO) Prevention activities. CDC shall use \$10M of the funds to conduct an opioid nationwide awareness and education campaign to advance the understanding of the opioid overdose epidemic and scale up prevention activities across all 50 States and Washington, D.C. CDC also shall promote the use of PDMPs and continue to expand efforts to enhance the utility of PDMPs in States and communities, making them more interconnected, real-time, and usable for public health surveillance and clinical decision making. CDC is encouraged to work with the Office of the National Coordinator for Health Information Technology to enhance the integration of PDMPs and electronic health records.
 - SAMHSA: \$1 billion in new funding for State Opioid Response Grants (this funding is in addition to the \$500M provided in the 21st Century Cures Act; includes \$50M in grants to Indian tribes or tribal organizations and a 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid use disorders; provides funding for a review by the NAS to identify outcomes to be achieved under CARA; includes \$84M for the Medication-Assisted Treatment for Prescription Drug and Opioid Addiction program.

- \$60M for Child Abuse Prevention and Treatment Act Infant Plans of Safe Care, to help States improve their response to infants affected by substance use disorder and their families.

National Institutes of Health

Will receive just over \$37 billion in fiscal year 2018, a \$3 billion — or 8.8 percent — increase from last year; in addition to the opioid funding previously summarized, this includes a \$414 million increase for Alzheimer's disease research, \$149 million in new funding for the BRAIN Initiative to map the human brain, \$100 million (an increase of \$40 million) for research on the universal flu vaccine; a \$60 million increase for the All of U.S. precision medicine study, which aims to gather data from one million Americans; and a \$50 million increase for antibiotic resistance efforts.

Diabetes

Includes \$25.3 million for the CDC's National Diabetes Prevention Program, and an increase of \$8.1 million for the CDC's Diabetes program.

Firearms

Includes the bipartisan Fix NICS Act supported by the AMA that is aimed at improving records and information-sharing in the FBI's National Instant Criminal Background Check System for gun purchases. However, Congress did not provide specific funding for CDC to conduct gun violence research, as advocated by the AMA, and the appropriations language continues to prohibit the CDC and other agencies from using appropriated funding to advocate or promote gun control (i.e., the Dickey Amendment). The Explanatory Statement accompanying the spending bill does note that the Secretary of Health and Human Services has stated the CDC has the authority to conduct research on the causes of gun violence. There is also an increase in funding to expand the National Violent Death Reporting System to all 50 States and the District of Columbia, which will allow researchers, practitioners, and policymakers to get a more complete understanding of violent deaths in the United States. Also includes the "STOP School Violence Act of 2018" that will provide grants to schools to increase school security (includes training for local law enforcement officers to prevent student violence) and guard against future mass shootings.

Mental Health Programs

Appropriates more than \$2.3 billion in new funding for mental health programs and other training, including the Mental Health Block Grant (a \$160 million increase), the National Traumatic Stress Network, the National Child Traumatic Stress Initiative, Mental and Behavioral Health Training Grants, Assisted Outpatient Treatment, and the National Suicide Prevention Lifeline. The agreement includes \$10,000,000 to expand access to behavioral health services in pediatric primary care by supporting the development of pediatric mental health care telehealth access programs.

Telehealth

Additional funding would be provided to support telehealth expansion as part of the Veterans Health Administration appropriations and for rural health under the U.S. Department of Health & Human Services appropriations. The VA provisions include \$1,348,883,000 for telehealth services, which is \$5,000,000 above the budget request. The agreement provides that the additional funding should be used to further expand telehealth capacity and services in rural and remote areas.

Food and Drug Administration (FDA)

The FDA would receive \$134 million more than last year's funding bringing its total taxpayer money for fiscal 2018 to \$2.9 billion. When combined with industry user fees, FDA's total funding would stand at \$5.2 billion, or nearly \$500 million more than the previous year. While most of the FDA's new taxpayer dollars would be used to combat the opioid epidemic, the Agency's Oncology Center of Excellence would also get a boost of \$15 million to streamline cancer activities. The FDA's Innovation Fund would be

increased to \$60 million to implement provisions of the 21st Century Cures Act. Also, includes one-time increase of \$2,500,000 to assist the FDA in obtaining information from medical specialists and medical specialty groups concerning clinical use of each of the substances nominated for the list developed by the FDA of bulk drug substances for which there is a clinical need ("503B Bulks List"). Also instructs the FDA to prohibit outsourcing facilities from compounding drug products from bulk ingredients when outsourcing facilities could otherwise be compounding from an FDA approved drug product which may increase costs and reduce access to compounded products.

Drug Pricing and Access

The bill does not include changes to the Medicare Part D coverage gap. Drug manufacturers remain responsible for 70 percent of drug costs tied to the closure of the Part D doughnut hole, instead of 60 percent as they sought. It would enable a subset of newer drugs to benefit from short-term enhanced payments (called pass-through designation) and includes biosimilars. Pass-through payments are added payments to doctors for the first two to three years a product is on the market to assist in the costs of adopting new drugs and technology. Brand manufacturers unsuccessfully attempted to block such payments for biosimilars. The FDA also received additional funding to help expedite the clearance at ports and distribution hubs of critically important medical products to address shortages.

Public Service Loan Forgiveness

Provides \$350 million in funding to expand eligibility for the Public Service Loan Forgiveness (PSLF) program. Specifically, the bill makes existing student borrowers eligible for PSLF even if they were enrolled in an ineligible repayment plan but they otherwise would have been eligible for PSLF.

Rural Health Care Residency Program

Provides \$15,000,000 for the Rural Residency Program to expand the number of rural residency training programs with a focus on developing programs that are sustainable beyond federal funding. The funds will support planning and development costs accrued while achieving program accreditation through the Accreditation Council for Graduate Medical Education.

Children's Hospital Graduate Medical Education

Provides \$315 million in funding for the Children's Hospitals Graduate Medical Education. An increase of \$15 million from FY17.

VA Scope of Practice

Amends the Veterans Benefits title of the U.S. Code by adding "chiropractic services" to the definition of "medical services" and "rehabilitative services," and by adding "chiropractic examination and services" to the definition of "preventative health services." Appropriates \$5,000,000 for these chiropractic programs to be developed.

Issues Not Included in the Final Bill

- Cost Sharing Reduction (CSR) payments to ACA Exchange health plans and funding for reinsurance or high-risk pools not included.
- Funding not included for risk-corridor payments under the ACA.
- Reduction in the Medicare Part D coverage gap (donut hole) was not included.
- Comprehensive Immigration Reform, including Deferred Action for Childhood Arrivals (DACA).
- VA Choice, which is expected to run out of funding as early as June 2018.
- Funding not included for gun violence research.