

health and substance use disorders at the same level as other medical and surgical care services. However, without proper oversight and compliance, patients are left fighting for coverage of benefits. The Committee is concerned there is still a lack of compliance among insurance companies not adequately covering mental and behavioral health services and providers more than 11 years after MHPAEA passed. The Committee urges the Administrator of CMS to create guidelines, in which all States or, where appropriate, Medicaid Managed Care Organizations are required to submit a public compliance report, with the application of nonquantitative treatment limitations while ensuring that any proprietary, personal, or confidential consumer information is protected. The Committee urges CMS to issue a public compliance report based on CMS's 2017 Parity Compliance Toolkit Applying Mental Health and Substance Use Disorder Parity Requirements to Medicaid and Children's Health Insurance Programs. The Committee further urges the Administrator of CMS to annually report any auditing and enforcement of such plans.

New Medical Residency Training Programs.—Given the growing physician workforce shortage, the Committee strongly encourages CMS to utilize its discretion to extend the time period described in section 413.79(e) of title 42, Code of Federal Regulations, for new residency programs in areas facing physician shortages before a full-time equivalent resident cap is applied, as authorized in P.L. 105 33. The Committee looks forward to receiving CMS's report on these efforts within 60 days of the enactment of that Act, as directed in House Report 116–62.

New Technologies.—The Committee encourages CMS to provide adequate time for adaptation of new technologies, from a procedural and an administrative perspective, before adjusting payment based on claims data.

Non-Emergency Medical Transportation.—The Committee includes a prohibition against the Department publishing a proposed regulation relating to Medicaid non-emergency medical transportation (NEMT) benefits. The fiscal year 2020 Appropriations Act for the Department of Health and Human Services included \$300,000 for MACPAC to examine the benefits of NEMT from State Medicaid programs on Medicaid beneficiaries, including benefits with chronic diseases such as end stage renal disease, substance use disorders, pregnant mothers, and patients living in remote, rural areas, and to examine the benefits of improving local coordination of NEMT with public transportation and other Federally-assisted transportation services. The Joint Explanatory Statement accompanying the Act directed HHS to take no regulatory action on the availability of NEMT services until the study has been completed.

Non-Group Health Plans.—The Committee directs CMS to submit a report within 60 days of enactment of this Act with options for modifying existing processes so that Non-Group Health Plans may receive query responses that include the name and address of any Medicare Advantage or Part D plan in which the queried individual currently is enrolled, or, within the last three years, has been enrolled.

Non-Opioid Pain Management.—The Committee believes that providing affordable non-opioid pain management to patients covered by Medicare and Medicaid is critical to combating drug addic-