#### Suspend the Rules and Pass the Bill, H.R. 5723, With an Amendment

(The amendment strikes all after the enacting clause and inserts a new text)

<sup>115TH CONGRESS</sup> 2D SESSION H.R. 5723

To require the Medicare Payment Advisory Commission to report on opioid payment, adverse incentives, and data under the Medicare program.

### IN THE HOUSE OF REPRESENTATIVES

MAY 9, 2018

Ms. TENNEY (for herself, Mr. MCKINLEY, and Ms. DELBENE) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

# A BILL

- To require the Medicare Payment Advisory Commission to report on opioid payment, adverse incentives, and data under the Medicare program.
  - 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 "Expanding Oversight
- 5 of Opioid Prescribing and Payment Act of 2018".

1	SEC. 2. MEDICARE PAYMENT ADVISORY COMMISSION RE-
2	PORT ON OPIOID PAYMENT, ADVERSE INCEN-
3	TIVES, AND DATA UNDER THE MEDICARE
4	PROGRAM.

Not later than March 15, 2019, the Medicare Payment Advisory Commission shall submit to Congress a report on, with respect to the Medicare program under title
XVIII of the Social Security Act, the following:

9 (1) A description of how the Medicare program 10 pays for pain management treatments (both opioid 11 and non-opioid pain management alternatives) in 12 both inpatient and outpatient hospital settings.

13 (2) The identification of incentives under the 14 hospital inpatient prospective payment system under 15 section 1886 of the Social Security Act (42 U.S.C. 16 1395ww) and incentives under the hospital out-17 patient prospective payment system under section 18 1833(t) of such Act (42 U.S.C. 1395l(t)) for pre-19 scribing opioids and incentives under each such sys-20 tem for prescribing non-opioid treatments, and rec-21 ommendations as the Commission deems appropriate 22 for addressing any of such incentives that are ad-23 verse incentives.

24 (3) A description of how opioid use is tracked
25 and monitored through Medicare claims data and
26 other mechanisms and the identification of any areas

1 in which further data and methods are needed for

2 improving data and understanding of opioid use.

## 3 SEC. 3. NO ADDITIONAL FUNDS AUTHORIZED.

4 No additional funds are authorized to be appro5 priated to carry out the requirements of this Act. Such
6 requirements shall be carried out using amounts otherwise
7 authorized to be appropriated.