

**AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO H.R. 5774  
OFFERED BY MR. BRADY OF TEXAS**

Strike all after the enacting clause and insert the following:

**1 SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Combating Opioid  
3 Abuse for Care in Hospitals Act of 2018” or the “COACH  
4 Act of 2018”.

**5 SEC. 2. DEVELOPING GUIDANCE ON PAIN MANAGEMENT  
6                   AND OPIOID USE DISORDER PREVENTION  
7                   FOR HOSPITALS RECEIVING PAYMENT  
8                   UNDER PART A OF THE MEDICARE PROGRAM.**

9       (a) IN GENERAL.—Not later than January 1, 2019,  
10 the Secretary of Health and Human Services (in this sec-  
11 tion referred to as the “Secretary”) shall develop and pub-  
12 lish on the public website of the Centers for Medicare &  
13 Medicaid Services guidance for hospitals receiving pay-  
14 ment under part A of title XVIII of the Social Security  
15 Act (42 U.S.C. 1395c et seq.) on pain management strate-  
16 gies and opioid use disorder prevention strategies with re-  
17 spect to individuals entitled to benefits under such part.

1 (b) CONSULTATION.—In developing the guidance de-  
2 scribed in subsection (a), the Secretary shall consult with  
3 relevant stakeholders, including—

4 (1) medical professional organizations;

5 (2) providers and suppliers of services (as such  
6 terms are defined in section 1861 of the Social Secu-  
7 rity Act (42 U.S.C. 1395x));

8 (3) health care consumers or groups rep-  
9 resenting such consumers; and

10 (4) other entities determined appropriate by the  
11 Secretary.

12 (c) CONTENTS.—The guidance described in sub-  
13 section (a) shall include, with respect to hospitals and indi-  
14 viduals described in such subsection, the following:

15 (1) Best practices regarding evidence-based  
16 screening and practitioner education initiatives relat-  
17 ing to screening and treatment protocols for opioid  
18 use disorder, including—

19 (A) methods to identify such individuals  
20 at-risk of opioid use disorder, including risk  
21 stratification;

22 (B) ways to prevent, recognize, and treat  
23 opioid overdoses; and

1 (C) resources available to such individuals,  
2 such as opioid treatment programs, peer sup-  
3 port groups, and other recovery programs.

4 (2) Best practices for such hospitals to educate  
5 practitioners furnishing items and services at such  
6 hospital with respect to pain management and sub-  
7 stance use disorders, including education on—

8 (A) the adverse effects of prolonged opioid  
9 use;

10 (B) non-opioid, evidence-based, non-phar-  
11 macological pain management treatments;

12 (C) monitoring programs for individuals  
13 who have been prescribed opioids; and

14 (D) the prescribing of naloxone along with  
15 an initial opioid prescription.

16 (3) Best practices for such hospitals to make  
17 such individuals aware of the risks associated with  
18 opioid use (which may include use of the notification  
19 template described in paragraph (4)).

20 (4) A notification template developed by the  
21 Secretary, for use as appropriate, for such individ-  
22 uals who are prescribed an opioid that—

23 (A) explains the risks and side effects asso-  
24 ciated with opioid use (including the risks of  
25 addiction and overdose) and the importance of

1           adhering to the prescribed treatment regimen,  
2           avoiding medications that may have an adverse  
3           interaction with such opioid, and storing such  
4           opioid safely and securely;

5           (B) highlights multimodal and evidence-  
6           based non-opioid alternatives for pain manage-  
7           ment;

8           (C) encourages such individuals to talk to  
9           their health care providers about such alter-  
10          natives;

11          (D) provides for a method (through signa-  
12          ture or otherwise) for such an individual, or  
13          person acting on such individual's behalf, to ac-  
14          knowledge receipt of such notification template;

15          (E) is worded in an easily understandable  
16          manner and made available in multiple lan-  
17          guages determined appropriate by the Sec-  
18          retary; and

19          (F) includes any other information deter-  
20          mined appropriate by the Secretary.

21          (5) Best practices for such hospital to track  
22          opioid prescribing trends by practitioners furnishing  
23          items and services at such hospital, including—

24                  (A) ways for such hospital to establish tar-  
25                  get levels, taking into account the specialties of

1 such practitioners and the geographic area in  
2 which such hospital is located, with respect to  
3 opioids prescribed by such practitioners;

4 (B) guidance on checking the medical  
5 records of such individuals against information  
6 included in prescription drug monitoring pro-  
7 grams;

8 (C) strategies to reduce long-term opioid  
9 prescriptions; and

10 (D) methods to identify such practitioners  
11 who may be over-prescribing opioids.

12 (6) Other information the Secretary determines  
13 appropriate, including any such information from  
14 the Opioid Safety Initiative established by the De-  
15 partment of Veterans Affairs or the Opioid Overdose  
16 Prevention Toolkit published by the Substance  
17 Abuse and Mental Health Services Administration.

18 **SEC. 3. REQUIRING THE REVIEW OF QUALITY MEASURES**  
19 **RELATING TO OPIOIDS AND OPIOID USE DIS-**  
20 **ORDER TREATMENTS FURNISHED UNDER**  
21 **THE MEDICARE PROGRAM AND OTHER FED-**  
22 **ERAL HEALTH CARE PROGRAMS.**

23 (a) IN GENERAL.—Section 1890A of the Social Secu-  
24 rity Act (42 U.S.C. 1395aaa–1) is amended by adding at  
25 the end the following new subsection:

1           “(g) TECHNICAL EXPERT PANEL REVIEW OF OPIOID  
2 AND OPIOID USE DISORDER QUALITY MEASURES.—

3           “(1) IN GENERAL.—Not later than 180 days  
4 after the date of the enactment of this subsection,  
5 the Secretary shall establish a technical expert panel  
6 for purposes of reviewing quality measures relating  
7 to opioids and opioid use disorders, including care,  
8 prevention, diagnosis, health outcomes, and treat-  
9 ment furnished to individuals with opioid use dis-  
10 orders. The Secretary may use the entity with a con-  
11 tract under section 1890(a) and amend such con-  
12 tract as necessary to provide for the establishment  
13 of such technical expert panel.

14           “(2) REVIEW AND ASSESSMENT.—Not later  
15 than 1 year after the date the technical expert panel  
16 described in paragraph (1) is established (and peri-  
17 odically thereafter as the Secretary determines ap-  
18 propriate), the technical expert panel shall—

19           “(A) review quality measures that relate to  
20 opioids and opioid use disorders, including ex-  
21 isting measures and those under development;

22           “(B) identify gaps in areas of quality  
23 measurement that relate to opioids and opioid  
24 use disorders, and identify measure develop-  
25 ment priorities for such measure gaps; and

1           “(C) make recommendations to the Sec-  
2           retary on quality measures with respect to  
3           opioids and opioid use disorders for purposes of  
4           improving care, prevention, diagnosis, health  
5           outcomes, and treatment, including rec-  
6           ommendations for revisions of such measures,  
7           need for development of new measures, and rec-  
8           ommendations for including such measures in  
9           the Merit-Based Incentive Payment System  
10          under section 1848(q), the alternative payment  
11          models under section 1833(z)(3)(C), the shared  
12          savings program under section 1899, the qual-  
13          ity reporting requirements for inpatient hos-  
14          pitals under section 1886(b)(3)(B)(viii), the  
15          hospital value-based purchasing program under  
16          section 1886(o), and under other value-based  
17          purchasing programs under this title.

18          “(3) CONSIDERATION OF MEASURES BY SEC-  
19          RETARY.—The Secretary shall consider—

20                 “(A) using opioid and opioid use disorder  
21                 measures (including measures used under the  
22                 Merit-Based Incentive Payment System under  
23                 section 1848(q), measures recommended under  
24                 paragraph (2)(C), and other such measures  
25                 identified by the Secretary) in alternative pay-

1           ment models under section 1833(z)(3)(C) and  
2           in the shared savings program under section  
3           1899; and

4           “(B) using opioid measures described in  
5           subparagraph (A), as applicable, in the quality  
6           reporting requirements for inpatient hospitals  
7           under section 1886(b)(3)(B)(viii), in the hos-  
8           pital value-based purchasing program under  
9           section 1886(o), and under other value-based  
10          purchasing programs under this title.

11          “(4) PRIORITIZATION OF MEASURE DEVELOP-  
12          MENT.—The Secretary shall prioritize for measure  
13          development the gaps in quality measures identified  
14          under paragraph (2)(B).”.

15          (b) EXPEDITED ENDORSEMENT PROCESS FOR  
16          OPIOID MEASURES.—Section 1890(b)(2) of the Social Se-  
17          curity Act (42 U.S.C. 1395aaa(b)(2)) is amended by add-  
18          ing at the end the following new flush sentence:

19          “Such endorsement process shall, as determined  
20          practicable by the entity, provide for an expedited  
21          process with respect to the endorsement of such  
22          measures relating to opioids and opioid use dis-  
23          orders.”.



1 **SEC. 4. TECHNICAL EXPERT PANEL ON REDUCING SUR-**  
2 **GICAL SETTING OPIOID USE; DATA COLLEC-**  
3 **TION ON PERIOPERATIVE OPIOID USE.**

4 (a) TECHNICAL EXPERT PANEL ON REDUCING SUR-  
5 GICAL SETTING OPIOID USE.—

6 (1) IN GENERAL.—Not later than 6 months  
7 after the date of the enactment of this Act, the Sec-  
8 retary of Health and Human Services shall convene  
9 a technical expert panel, including medical and sur-  
10 gical specialty societies and hospital organizations,  
11 to provide recommendations on reducing opioid use  
12 in the inpatient and outpatient surgical settings and  
13 on best practices for pain management, including  
14 with respect to the following:

15 (A) Approaches that limit patient exposure  
16 to opioids during the perioperative period, in-  
17 cluding pre-surgical and post-surgical injec-  
18 tions, and that identify such patients at risk of  
19 opioid use disorder pre-operation.

20 (B) Shared decision making with patients  
21 and families on pain management, including  
22 recommendations for the development of an  
23 evaluation and management code for purposes  
24 of payment under the Medicare program under  
25 title XVIII of the Social Security Act that

1 would account for time spent on shared decision  
2 making.

3 (C) Education on the safe use, storage,  
4 and disposal of opioids.

5 (D) Prevention of opioid misuse and abuse  
6 after discharge.

7 (E) Development of a clinical algorithm to  
8 identify and treat at-risk, opiate-tolerant pa-  
9 tients and reduce reliance on opiodes for acute  
10 pain during the perioperative period.

11 (2) REPORT.—Not later than 1 year after the  
12 date of the enactment of this Act, the Secretary  
13 shall submit to Congress and make public a report  
14 containing the recommendations developed under  
15 paragraph (1) and recommendations for broader im-  
16 plementation of pain management protocols that  
17 limit the use of opioids in the perioperative setting  
18 and upon discharge from such setting.

19 (b) DATA COLLECTION ON PERIOPERATIVE OPIOID  
20 USE.—Not later than 1 year after the date of the enact-  
21 ment of this Act, the Secretary of Health and Human  
22 Services shall submit to Congress a report that contains  
23 the following:

1           (1) The diagnosis-related group codes identified  
2           by the Secretary as having the highest volume of  
3           surgeries.

4           (2) With respect to each of such diagnosis-re-  
5           lated group codes so identified, a determination by  
6           the Secretary of the data that is both available and  
7           reported on opioid use following such surgeries, such  
8           as with respect to—

9                   (A) surgical volumes, practices, and opioid  
10                  prescribing patterns;

11                  (B) opioid consumption, including—

12                          (i) perioperative days of therapy;

13                          (ii) average daily dose at the hospital,  
14                          including dosage greater than 90 milligram  
15                          morphine equivalent;

16                          (iii) post-discharge prescriptions and  
17                          other combination drugs that are used be-  
18                          fore intervention and after intervention;

19                          (iv) quantity and duration of opioid  
20                          prescription at discharge; and

21                          (v) quantity consumed and number of  
22                          refills;

23                          (C) regional anesthesia and analgesia prac-  
24                          tices, including pre-surgical and post-surgical  
25                          injections;

- 1 (D) naloxone reversal;
- 2 (E) post-operative respiratory failure;
- 3 (F) information about storage and dis-
- 4 posal; and
- 5 (G) such other information as the Sec-
- 6 retary may specify.
- 7 (3) Recommendations for improving data collec-
- 8 tion on perioperative opioid use, including an anal-
- 9 ysis to identify barriers to collecting, reporting, and
- 10 analyzing the data described in paragraph (2), in-
- 11 cluding barriers related to technological availability.

12 **SEC. 5. REQUIRING THE POSTING AND PERIODIC UPDATE**

13 **OF OPIOID PRESCRIBING GUIDANCE FOR**

14 **MEDICARE BENEFICIARIES.**

15 (a) IN GENERAL.—Not later than 180 days after the

16 date of the enactment of this Act, the Secretary of Health

17 and Human Services (in this section referred to as the

18 “Secretary”) shall post on the public website of the Cen-

19 ters for Medicare & Medicaid Services all guidance pub-

20 lished by the Department of Health and Human Services

21 on or after January 1, 2016, relating to the prescribing

22 of opioids and applicable to opioid prescriptions for indi-

23 viduals entitled to benefits under part A of title XVIII

24 of the Social Security Act (42 U.S.C. 1395e et seq.) or

1 enrolled under part B of such title of such Act (42 U.S.C.  
2 1395j et seq.).

3 (b) UPDATE OF GUIDANCE.—

4 (1) PERIODIC UPDATE.—The Secretary shall, in  
5 consultation with the entities specified in paragraph  
6 (2), periodically (as determined appropriate by the  
7 Secretary) update guidance described in subsection  
8 (a) and revise the posting of such guidance on the  
9 website described in such subsection.

10 (2) CONSULTATION.—The entities specified in  
11 this paragraph are the following:

12 (A) Medical professional organizations.

13 (B) Providers and suppliers of services (as  
14 such terms are defined in section 1861 of the  
15 Social Security Act (42 U.S.C. 1395x)).

16 (C) Health care consumers or groups rep-  
17 resenting such consumers.

18 (D) Other entities determined appropriate  
19 by the Secretary.

