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(Original Signature of Member)

115TH CONGRESS
2D SESSION

H. R. 5774

To require the Secretary of Health and Human Services to develop guidance on pain management and opioid use disorder prevention for hospitals receiving payment under part A of the Medicare program, provide for opioid quality measures development, and provide for a technical expert panel on reducing surgical setting opioid use and data collection on perioperative opioid use, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. CURBELO of Florida introduced the following bill; which was referred to the Committee on _____

A BILL

To require the Secretary of Health and Human Services to develop guidance on pain management and opioid use disorder prevention for hospitals receiving payment under part A of the Medicare program, provide for opioid quality measures development, and provide for a technical expert panel on reducing surgical setting opioid use and data collection on perioperative opioid use, 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,*

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.

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

- 21 (1) medical professional organizations;
- 22 (2) providers and suppliers of services (as such
23 terms are defined in section 1861 of the Social Secu-
24 rity Act (42 U.S.C. 1395x));
- 25 (3) health care consumers or groups rep-
26 resenting such consumers; and

1 (4) other entities determined appropriate by the
2 Secretary.

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

6 (1) Best practices regarding evidence-based
7 screening and practitioner education initiatives relat-
8 ing to screening and treatment protocols for opioid
9 use disorder, including—

10 (A) methods to identify such individuals
11 at-risk of opioid use disorder, including risk
12 stratification;

13 (B) ways to prevent, recognize, and treat
14 opioid overdoses; and

15 (C) resources available to such individuals,
16 such as opioid treatment programs, peer sup-
17 port groups, and other recovery programs.

18 (2) Best practices for such hospitals to educate
19 practitioners furnishing items and services at such
20 hospital with respect to pain management and sub-
21 stance use disorders, including education on—

22 (A) the adverse effects of prolonged opioid
23 use;

24 (B) non-opioid, evidence-based, non-phar-
25 macological pain management treatments;

1 (C) monitoring programs for individuals
2 who have been prescribed opioids; and

3 (D) the prescribing of naloxone along with
4 an initial opioid prescription.

5 (3) Best practices for such hospitals to make
6 such individuals aware of the risks associated with
7 opioid use (which may include use of the notification
8 template described in paragraph (4)).

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

12 (A) explains the risks and side effects asso-
13 ciated with opioid use (including the risks of
14 addiction and overdose) and the importance of
15 adhering to the prescribed treatment regimen,
16 avoiding medications that may have an adverse
17 interaction with such opioid, and storing such
18 opioid safely and securely;

19 (B) highlights multimodal and evidence-
20 based non-opioid alternatives for pain manage-
21 ment;

22 (C) encourages such individuals to talk to
23 their health care providers about such alter-
24 natives;

1 (D) provides for a method (through signa-
2 ture or otherwise) for such an individual, or
3 person acting on such individual's behalf, to ac-
4 knowledge receipt of such notification template;

5 (E) is worded in an easily understandable
6 manner and made available in multiple lan-
7 guages determined appropriate by the Sec-
8 retary; and

9 (F) includes any other information deter-
10 mined appropriate by the Secretary.

11 (5) Best practices for such hospital to track
12 opioid prescribing trends by practitioners furnishing
13 items and services at such hospital, including—

14 (A) ways for such hospital to establish tar-
15 get levels, taking into account the specialties of
16 such practitioners and the geographic area in
17 which such hospital is located, with respect to
18 opioids prescribed by such practitioners;

19 (B) guidance on checking the medical
20 records of such individuals against information
21 included in prescription drug monitoring pro-
22 grams;

23 (C) strategies to reduce long-term opioid
24 prescriptions; and

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

3 (6) Other information the Secretary determines
4 appropriate, including any such information from
5 the Opioid Safety Initiative established by the De-
6 partment of Veterans Affairs or the Opioid Overdose
7 Prevention Toolkit published by the Substance
8 Abuse and Mental Health Services Administration.

9 **SEC. 3. REQUIRING THE REVIEW OF QUALITY MEASURES**
10 **RELATING TO OPIOIDS AND OPIOID USE DIS-**
11 **ORDER TREATMENTS FURNISHED UNDER**
12 **THE MEDICARE PROGRAM AND OTHER FED-**
13 **ERAL HEALTH CARE PROGRAMS.**

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

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

19 “(1) IN GENERAL.—Not later than 180 days
20 after the date of the enactment of this subsection,
21 the Secretary shall establish a technical expert panel
22 for purposes of reviewing quality measures relating
23 to opioids and opioid use disorders, including care,
24 prevention, diagnosis, health outcomes, and treat-
25 ment furnished to individuals with opioid use dis-

1 orders. The Secretary may elect to establish such
2 panel through a contract with the consensus-based
3 entity with a contract in effect under section 1890.

4 “(2) REVIEW AND ASSESSMENT.—Not later
5 than 1 year after the date the technical expert panel
6 described in paragraph (1) is established (and peri-
7 odically thereafter as the Secretary determines ap-
8 propriate), the technical expert panel shall—

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

12 “(B) identify gaps in areas of quality
13 measurement that relate to opioids and opioid
14 use disorders, and identify measure develop-
15 ment priorities for such measure gaps; and

16 “(C) make recommendations to the Sec-
17 retary on quality measures with respect to
18 opioids and opioid use disorders for purposes of
19 improving care, prevention, diagnosis, health
20 outcomes, and treatment, including rec-
21 ommendations for revisions of such measures,
22 need for development of new measures, and rec-
23 ommendations for including such measures in
24 quality reporting programs, value-based pur-
25 chasing programs, accountable care organiza-

1 tions, and alternative payment models under
2 this title.

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

5 “(A) using opioid and opioid use disorder
6 measures (including measures used under the
7 Merit-Based Incentive Payment System under
8 section 1848(q), measures recommended under
9 paragraph (2)(C), and other such measures
10 identified by the Secretary) in Alternative Pay-
11 ment Models under section 1833(z)(3)(C) and
12 in the Shared Savings Program under section
13 1899; and

14 “(B) using opioid measures described in
15 subparagraph (A), as applicable, in the Hos-
16 pital Inpatient Quality Reporting program
17 under section 1886(b)(3)(B)(viii), in the hos-
18 pital value-based purchasing program under
19 section 1886(o), and under other value-based
20 purchasing programs under this title.

21 “(4) PRIORITIZATION OF MEASURE DEVELOP-
22 MENT.—The Secretary shall prioritize for measure
23 development the gaps in quality measures identified
24 under paragraph (2)(C).”.

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

5 “Such endorsement process shall, as determined
6 practicable by the entity, provide for an expedited
7 process with respect to the endorsement of measures
8 relating to opioids and opioid use disorders.”.

9 **SEC. 4. TECHNICAL EXPERT PANEL ON REDUCING SUR-**
10 **GICAL SETTING OPIOID USE; DATA COLLEC-**
11 **TION ON PERIOPERATIVE OPIOID USE.**

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

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

23 (A) Approaches that limit patient exposure
24 to opioids during the perioperative period, in-
25 cluding pre-surgical and post-surgical injec-

1 tions, and that identify such patients at risk of
2 opioid use disorder pre-operation.

3 (B) Shared decision making with patients
4 and families on pain management, including
5 recommendations for the development of an
6 evaluation and management code for purposes
7 of payment under the Medicare program under
8 title XVIII of the Social Security Act that
9 would account for time spent on shared decision
10 making.

11 (C) Education on the safe use, storage,
12 and disposal of opioids.

13 (D) Prevention of opioid misuse and abuse
14 after discharge.

15 (E) Development of a clinical algorithm to
16 identify and treat at-risk, opioids-tolerant pa-
17 tients and reduce reliance on opiates for acute
18 pain during the perioperative period.

19 (2) REPORT.—Not later than 1 year after the
20 date of the enactment of this Act, the Secretary
21 shall submit to Congress and make public a report
22 containing the recommendations developed under
23 paragraph (1) and recommendations for broader im-
24 plementation of pain management protocols that

1 limit the use of opioids in the perioperative setting
2 and upon discharge from such setting.

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

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

11 (2) With respect to each of such diagnosis-re-
12 lated group codes so identified, a determination by
13 the Secretary of the data that is both available and
14 reported on opioid use following such surgeries, such
15 as with respect to—

16 (A) surgical volumes, practices, and opioid
17 prescribing patterns;

18 (B) opioid consumption, including—

19 (i) perioperative days of therapy;

20 (ii) average daily dose at the hospital,
21 including dosage greater than 90 milligram
22 morphine equivalent;

23 (iii) post-discharge prescriptions and
24 other combination drugs that are used be-
25 fore intervention and after intervention;

1 (iv) quantity and duration of opioid
2 prescription at discharge; and

3 (v) quantity consumed and number of
4 refills;

5 (C) regional anesthesia and analgesia prac-
6 tices, including pre-surgical and post-surgical
7 injections;

8 (D) naloxone reversal;

9 (E) post-operative respiratory failure;

10 (F) information about storage and dis-
11 posal; and

12 (G) such other information as the Sec-
13 retary may specify.

14 (3) Recommendations for improving data collec-
15 tion on perioperative opioid use, including an anal-
16 ysis to identify barriers to collecting, reporting, and
17 analyzing the data described in paragraph (2), in-
18 cluding barriers related to technological availability.

19 **SEC. 5. REQUIRING THE POSTING AND PERIODIC UPDATE**
20 **OF OPIOID PRESCRIBING GUIDANCE FOR**
21 **MEDICARE BENEFICIARIES.**

22 (a) IN GENERAL.—Not later than 180 days after the
23 date of the enactment of this Act, the Secretary of Health
24 and Human Services (in this section referred to as the
25 “Secretary”) shall post on the public website of the Cen-

1 ters for Medicare & Medicaid Services all guidance pub-
2 lished by the Department of Health and Human Services
3 on or after January 1, 2016, relating to the prescribing
4 of opioids and applicable to opioid prescriptions for indi-
5 viduals entitled to benefits under part A of title XVIII
6 of the Social Security Act (42 U.S.C. 1395e et seq.) or
7 enrolled under part B of such title of such Act (42 U.S.C.
8 1395j et seq.).

9 (b) UPDATE OF GUIDANCE.—

10 (1) PERIODIC UPDATE.—The Secretary shall, in
11 consultation with the entities specified in paragraph
12 (2), periodically (as determined appropriate by the
13 Secretary) update guidance described in subsection
14 (a) and revise the posting of such guidance on the
15 website described in such subsection.

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

18 (A) Medical professional organizations.

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

22 (C) Health care consumers or groups rep-
23 resenting such consumers.

24 (D) Other entities determined appropriate
25 by the Secretary.