



House Ways & Means Committee Markup of Opioid Bills May 15, 2018

On Wednesday, May 16, the House Ways and Means Committee is scheduled to mark up a series of bills related to the opioid epidemic. While the bills were developed from parts of a series of previously introduced measures, the actual legislative texts of the bills to be marked up were released today.

WSC has reviewed the bills and compiled summaries of key provisions below in advance of the markup tomorrow. We will be monitoring action at the markup and reporting out to you on highlights of the debate and key developments when the mark is completed.

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act

- Requires the Secretary of HHS to develop guidance on pain management and opioid use disorder prevention strategies for hospitals receiving payment under Medicare Part A. This will be done in consultation with medical professional organizations, health care providers, and health care “consumers” or groups representing them.
- This will include:
 - Best practices for evidence-based screening and practitioner education for Opioid Use Disorders (OUD), including at-risk individuals, preventing, recognizing and treating overdoses, and resources available for treatment.
 - Best practices for hospitals to educate practitioners on providing items and services with respect to pain management and substance use disorders, including the prescribing of naloxone along with an initial opioid prescription.
 - Best practices for hospitals to make patients aware of the risks of using opioids.
 - Best practices for hospitals to track opioid prescribing trends by practitioners.
- Requires a review of quality measures related to opioids and opioid use disorder treatments provided under Medicare.
- Establishes a technical expert panel on reducing surgical setting opioid use and data collection on perioperative use.

H.R. 5775, Providing Reliable Options for Patients and Educational Resources (PROPER) Act

- Requires Medicare Advantage plans and part D prescription drug plans to include information on the risks associated with opioids, and coverage of certain nonopioid treatments used to treat pain

- PDPs may disclose this information through mail or electronic communications to a subset of enrollees such as those who have been prescribed an opioid in the previous two years
 - Beginning in plan year 2021
- Medicare Advantage and Part D plans must also provide information on the safe disposal of prescription drugs
 - Beginning plan year 2021
 - Any enrollee who is given an in-home health risk assessment will receive information on the safe disposal of prescription drugs that are controlled substances such as drug takeback programs
 - The Secretary will establish criteria through rulemaking to ensure that the information sufficiently educates the individual
- Revises measures used under the Hospital Consumer Assessment of Healthcare Providers Survey (HCAHPS) related to pain management
 - Beginning January 2019, the HCAHPS survey may not include questions about an individual's pain unless such questions take into account whether an individual experiencing pain was informed about risks associated with the use of opioids and about non-opioid alternatives
- Restricts the use of pain questions in the Hospital Value-Based Purchasing Program for FY2019

H.R. 5776, Medicare and Opioids Safe Treatment (MOST) Act

- Provides Medicare coverage of certain services furnished by opioid treatment programs including:
 - Opioid agonist treatment medications (including oral versions) that are approved by FDA
 - Substance abuse counseling by a professional
 - Behavioral individual and group therapy with physicians or psychologists
 - Toxicology testing and other times that the Secretary deems appropriate
- Payment will be equal to 100 percent of a bundled payment for opioid use disorder
- The Secretary may do this through one or more bundles based on the type of medication provided, the frequency of services, the scope of services furnished, characteristics of the individuals treated or other factors the Secretary deems appropriate
 - Beginning January 1, 2020
- Includes opioid treatment programs as Medicare providers
- Directs the Secretary to review and adjust payments under Medicare OPPS to avoid financial incentives to use opioids instead of non-opioid alternatives
- Expands access under Medicare to addiction treatment in federally qualified health centers and rural health clinics
- Directs the Secretary to submit a report to Congress, in consultation with relevant stakeholders, on the availability of supplemental benefits designed to treat or prevent substance use disorders under Medicare Advantage plans
- Adds clinical psychologist services models under the Center for Medicare and Medicaid Innovation
- Directs GAO to submit a report to Congress on mental and behavioral health services under the Medicare program

- Directs the Secretary to submit recommendations to Congress on whether and how payment to providers and suppliers of services related to the use of multi-disciplinary, evidence-based, non-opioid treatments for acute and chronic pain management for individuals on Medicare should be revised

H.R. 5773, Preventing Addiction for Susceptible Seniors (PASS) Act

- Requires Medicare Part D plans to establish drug management programs for at-risk beneficiaries beginning in 2021
- Requires electronic prior authorization for covered part D drugs beginning in 2021
 - Includes a sense of Congress that there should be increased use of electronic prior authorizations in part D plans to reduce access delays by resolving coverage issues before prescriptions are transmitted
- Program integrity transparency measure for Medicare Part C and D including:
 - Program integrity portal to allow for communications between the Secretary, MA plans, and prescription drug plans
 - Requires MA plans to submit corrective action plans against opioid overprescribers
- Expands eligibility for medication therapy management (MAT) programs under Part D beginning 2021
- Directs the Secretary to provide an annual notification to identified over-prescribers with resources on proper prescribing

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Act

- Authorizes the suspension of payments by Part D plans pending investigations of credible allegations of fraud by pharmacies
- A fraud hotline tip without further evidence will not be treated as sufficient evidence for a credible allegation of fraud
- To take effect in 2020

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act

- Requires the Medicare Payment Advisory Commission (MedPAC) to report on the following:
 - How the Medicare program pays for pain management treatments (both opioid and non-opioid)
 - Identify incentives under the hospital IPPS and OPSS for prescribing opioids and for non-opioid treatments
 - Description of how opioid use is tracked and monitored through Medicare claims data

H.R. _____, Synthetics Trafficking and Overdose Prevention (STOP) Act of 2017

- *No text at this time*