

115TH CONGRESS  
2D SESSION

# H. R. 5774

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## AN ACT

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,*

3       **SECTION 1. SHORT TITLE.**

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

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

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

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

23               (1) medical professional organizations;

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

4           (3) health care consumers or groups rep-  
5       resenting such consumers; and

6           (4) other entities determined appropriate by the  
7       Secretary.

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

11           (1) Best practices regarding evidence-based  
12       screening and practitioner education initiatives relat-  
13       ing to screening and treatment protocols for opioid  
14       use disorder, including—

15               (A) methods to identify such individuals  
16               at-risk of opioid use disorder, including risk  
17               stratification;

18               (B) ways to prevent, recognize, and treat  
19               opioid overdoses; and

20               (C) resources available to such individuals,  
21               such as opioid treatment programs, peer sup-  
22               port groups, and other recovery programs.

23           (2) Best practices for such hospitals to educate  
24       practitioners furnishing items and services at such

1 hospital with respect to pain management and sub-  
2 stance use disorders, including education on—

3 (A) the adverse effects of prolonged opioid  
4 use;

5 (B) non-opioid, evidence-based, non-phar-  
6 macological pain management treatments;

7 (C) monitoring programs for individuals  
8 who have been prescribed opioids; and

9 (D) the prescribing of naloxone along with  
10 an initial opioid prescription.

11 (3) Best practices for such hospitals to make  
12 such individuals aware of the risks associated with  
13 opioid use (which may include use of the notification  
14 template described in paragraph (4)).

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

18 (A) explains the risks and side effects asso-  
19 ciated with opioid use (including the risks of  
20 addiction and overdose) and the importance of  
21 adhering to the prescribed treatment regimen,  
22 avoiding medications that may have an adverse  
23 interaction with such opioid, and storing such  
24 opioid safely and securely;

1 (B) highlights multimodal and evidence-  
2 based non-opioid alternatives for pain manage-  
3 ment;

4 (C) encourages such individuals to talk to  
5 their health care providers about such alter-  
6 natives;

7 (D) provides for a method (through signa-  
8 ture or otherwise) for such an individual, or  
9 person acting on such individual's behalf, to ac-  
10 knowledge receipt of such notification template;

11 (E) is worded in an easily understandable  
12 manner and made available in multiple lan-  
13 guages determined appropriate by the Sec-  
14 retary; and

15 (F) includes any other information deter-  
16 mined appropriate by the Secretary.

17 (5) Best practices for such hospital to track  
18 opioid prescribing trends by practitioners furnishing  
19 items and services at such hospital, including—

20 (A) ways for such hospital to establish tar-  
21 get levels, taking into account the specialties of  
22 such practitioners and the geographic area in  
23 which such hospital is located, with respect to  
24 opioids prescribed by such practitioners;

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

5 (C) strategies to reduce long-term opioid  
 6 prescriptions; and

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

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

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

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

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

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

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

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

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

24               “(C) make recommendations to the Sec-  
25               retary on quality measures with respect to

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

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

17               “(A) using opioid and opioid use disorder  
18               measures (including measures used under the  
19               Merit-Based Incentive Payment System under  
20               section 1848(q), measures recommended under  
21               paragraph (2)(C), and other such measures  
22               identified by the Secretary) in alternative pay-  
23               ment models under section 1833(z)(3)(C) and  
24               in the shared savings program under section  
25               1899; and



1 “(B) using opioid measures described in  
 2 subparagraph (A), as applicable, in the quality  
 3 reporting requirements for inpatient hospitals  
 4 under section 1886(b)(3)(B)(viii), and in the  
 5 hospital value-based purchasing program under  
 6 section 1886(o).

7 “(4) PRIORITIZATION OF MEASURE DEVELOP-  
 8 MENT.—The Secretary shall prioritize for measure  
 9 development the gaps in quality measures identified  
 10 under paragraph (2)(B).”.

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

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

20 **SEC. 4. TECHNICAL EXPERT PANEL ON REDUCING SUR-**  
 21 **GICAL SETTING OPIOID USE; DATA COLLEC-**  
 22 **TION ON PERIOPERATIVE OPIOID USE.**

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

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

10           (A) Approaches that limit patient exposure  
11     to opioids during the perioperative period, in-  
12     cluding pre-surgical and post-surgical injec-  
13     tions, and that identify such patients at risk of  
14     opioid use disorder pre-operation.

15           (B) Shared decision making with patients  
16     and families on pain management, including  
17     recommendations for the development of an  
18     evaluation and management code for purposes  
19     of payment under the Medicare program under  
20     title XVIII of the Social Security Act that  
21     would account for time spent on shared decision  
22     making.

23           (C) Education on the safe use, storage,  
24     and disposal of opioids.

1 (D) Prevention of opioid misuse and abuse  
2 after discharge.

3 (E) Development of a clinical algorithm to  
4 identify and treat at-risk, opiate-tolerant pa-  
5 tients and reduce reliance on opioids for acute  
6 pain during the perioperative period.

7 (2) REPORT.—Not later than 1 year after the  
8 date of the enactment of this Act, the Secretary  
9 shall submit to Congress and make public a report  
10 containing the recommendations developed under  
11 paragraph (1) and an action plan for broader imple-  
12 mentation of pain management protocols that limit  
13 the use of opioids in the perioperative setting and  
14 upon discharge from such setting.

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

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

23 (2) With respect to each of such diagnosis-re-  
24 lated group codes so identified, a determination by  
25 the Secretary of the data that is both available and

1 reported on opioid use following such surgeries, such  
2 as with respect to—

3 (A) surgical volumes, practices, and opioid  
4 prescribing patterns;

5 (B) opioid consumption, including—

6 (i) perioperative days of therapy;

7 (ii) average daily dose at the hospital,  
8 including dosage greater than 90 milligram  
9 morphine equivalent;

10 (iii) post-discharge prescriptions and  
11 other combination drugs that are used be-  
12 fore intervention and after intervention;

13 (iv) quantity and duration of opioid  
14 prescription at discharge; and

15 (v) quantity consumed and number of  
16 refills;

17 (C) regional anesthesia and analgesia prac-  
18 tices, including pre-surgical and post-surgical  
19 injections;

20 (D) naloxone reversal;

21 (E) post-operative respiratory failure;

22 (F) information about storage and dis-  
23 posal; and

24 (G) such other information as the Sec-  
25 retary may specify.

1           (3) Recommendations for improving data collec-  
2           tion on perioperative opioid use, including an anal-  
3           ysis to identify and reduce barriers to collecting, re-  
4           porting, and analyzing the data described in para-  
5           graph (2), including barriers related to technological  
6           availability.

7   **SEC. 5. REQUIRING THE POSTING AND PERIODIC UPDATE**  
8                   **OF OPIOID PRESCRIBING GUIDANCE FOR**  
9                   **MEDICARE BENEFICIARIES.**

10       (a) IN GENERAL.—Not later than 180 days after the  
11       date of the enactment of this Act, the Secretary of Health  
12       and Human Services (in this section referred to as the  
13       “Secretary”) shall post on the public website of the Cen-  
14       ters for Medicare & Medicaid Services all guidance pub-  
15       lished by the Department of Health and Human Services  
16       on or after January 1, 2016, relating to the prescribing  
17       of opioids and applicable to opioid prescriptions for indi-  
18       viduals entitled to benefits under part A of title XVIII  
19       of the Social Security Act (42 U.S.C. 1395c et seq.) or  
20       enrolled under part B of such title of such Act (42 U.S.C.  
21       1395j et seq.).

22       (b) UPDATE OF GUIDANCE.—

23           (1) PERIODIC UPDATE.—The Secretary shall, in  
24       consultation with the entities specified in paragraph  
25       (2), periodically (as determined appropriate by the

1 Secretary) update guidance described in subsection  
2 (a) and revise the posting of such guidance on the  
3 website described in such subsection.

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

6 (A) Medical professional organizations.

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

10 (C) Health care consumers or groups rep-  
11 resenting such consumers.

12 (D) Other entities determined appropriate  
13 by the Secretary.

Passed the House of Representatives June 19, 2018.

Attest:

*Clerk.*



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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.