



WAYS AND MEANS

Combating Opioid Abuse for Care in Hospitals (COACH) Act of 2018 (H.R. 5774)

Overview

The COACH Act of 2018, introduced by Reps. Carlos Curbelo (R-FL) and Suzan DelBene (D-WA), focuses on preventing opioid overuse by improving education for providers and beneficiaries and realigning incentives to expand evidence-based, high-quality health care that reduces reliance on opioids for pain management. The following member bills have been included in this package:

- **Section 2: H.R. 5699, Hospital Opioid Solutions Toolkit (HOST) Act, Introduced by Rep. Carlos Curbelo (R-FL) and Rep. Ann McLane Kuster (D-NH),**
- **Section 3: H.R. 5779, Promoting Quality of Care in Pain Management Act, Introduced by Rep. Erik Paulsen (R-MN) and Rep. Danny Davis (D-IL).**
- **Section 4: H.R. 5718, Perioperative Reduction of Opioids (PRO) Act, Introduced by Rep. Jason Smith (R-MO) and Rep. Brian Higgins (D-NY).**
- **Section 5: H.R. 5777, Centralized Opioid Guidance (COG) Act of 2018, Introduced by Rep. Vern Buchanan (R-FL) and Rep. Conor Lamb (D-PA).**

Section 2: Developing Guidance on Pain Management and Opioid Use Disorder Prevention for Hospitals Receiving Payment under Part A of the Medicare Program

Background: While a number of toolkits aimed at helping health care providers reduce opioid abuse exist, none provide comprehensive and consistent resources regarding screening for opioid use disorder, provider and beneficiary education regarding opioid risks and non-opioid pain management alternatives, and tracking opioid prescribing trends. In particular, no toolkit focused on Medicare beneficiaries in a hospital setting has been developed to date.

Summary: This section requires CMS to develop a toolkit that provides best practices to hospitals for reducing opioid use, including a template for hospitals to consider adopting as a notice of opioid risks to patients who are prescribed opioids in a hospital setting. This guidance will be developed in consultation with providers and suppliers of services, including hospitals, as well as beneficiaries, and will be published and posted on the CMS website by January 1, 2019.

Section 3: Requiring the Review of Quality Measures Relating to Opioids and Opioid Use Disorder Treatments Furnished Under the Medicare Program and Other Federal Health Care Programs

Background: Medicare reimbursement to providers participating in value-based payment programs, including accountable care organizations, is partially based on quality ratings which is calculated based on a comparison of a provider's performance to national performance benchmarks across quality various metrics, including adherence to clinical best practices and patient satisfaction. To date, there are no performance measures incorporated into value-based payment directly related to reducing opioid use and abuse.

Summary: This section instructs HHS to convene a technical expert panel within 180 days of enactment for reviewing quality measures and gaps in related to opioid use disorder, prioritize such measures for development in gap areas, consider such measures for adoption in certain value-based payment programs, and encourage creation of a fast track endorsement process for such measures by the National Quality Forum. The quality measures and gaps identified, including those related to care, prevention, diagnosis, health outcomes, and treatment furnished to individuals with opioid use, will be reported out by the TEP within 1 year of the TEP's establishment.

Section 4: Technical Expert Panel on Reducing Surgical Setting Opioid Use; Data Collection on Perioperative Opioid Use

Background: The surgical setting is contributing to the opioid crisis by exposing millions of patients annually, including many Medicare beneficiaries, to excess risk and potential addiction from opioids postoperatively. The perioperative period covers the time from when a patient enters a hospital, clinic, or doctor's office for surgery until discharge. Over 80 percent of Americans who undergo even low risk inpatient surgery receive opioids, and the majority of patients have opioids that go unused after surgery.

Summary: This section instructs HHS to convene a technical expert panel (TEP) to make recommendations on best practices for pain management and reducing opioid use within the hospital and other surgical settings, and analyze post-surgical opioid prescribing to report to Congress describing the available data as well as barriers to data collection. The TEP will be created within 6 months of enactment and the data and recommendations reports will be published within 1 year of enactment.

Section 5: Requiring the Posting of Periodic Update of Opioid Prescribing Guidance for Medicare Beneficiaries

Background: While a number of federal guidelines related to opioid prescribing best practices have been published in recent years, the guidance has not been published in one location that is easily accessible to Medicare beneficiaries.

Summary: Within 180 days of enactment, the Secretary shall publish all opioid prescribing guidance published after January 1, 2016 applicable to Medicare beneficiaries on the CMS website. CMS shall periodically update the posted guidance in consultation with medical professional organizations, providers and suppliers of services (which includes hospitals), health care consumers (including patient advocacy organizations), and other stakeholder organizations identified by the Secretary.