



WAYS AND MEANS

Providing Reliable Options for Patients and Educational Resources (PROPER) Act of 2018 H.R. 5775

Background: The Providing Reliable Options for Patients and Educational Resources (PROPER) Act of 2018 combines several bills that aim to increase educational resources for Medicare beneficiaries. These resources ensure beneficiaries are aware of the adverse effects of prolonged opioid use and their coverage options for the treatment of pain. The PROPER ACT also improves pain-related questions from patient satisfaction surveys. The following bills have been included in this package:

- H.R. 5686, the Medicare Clear Health Options in Care for Enrollees (CHOICE) Act, Introduced by Rep. Erik Paulsen (R-MN) and Rep. Ron Kind (D-WI)
- H.R. 5714, the Education for Disposal of Unused (EDU) Opioids Act, Introduced by Rep. Diane Black (R-TN) and Rep. Joseph Crowley (D-NY)
- H.R. 5719, the Reducing Overprescribing Opioids in Treatment (ROOT) Act, Introduced by Rep. Diane Black (R-TN) and Rep. Tom O'Halleran (D-AZ)

Section 2: Requiring Medicare Advantage Plans and Part D Prescription Drug Plans to Include Information on Risks Associated with Opioids and Coverage of Nonpharmacological Therapies and Nonopioid Medications or Devices Used to Treat Pain

Background: Currently, plans are required to provide the following drug-specific information to beneficiaries:

1. Access to specific covered Part D drugs, including access through pharmacy networks;
2. Explanation of how the formularies function;
3. Beneficiary cost-sharing requirements; and
4. Information on the Medication Therapy Management (MTM) Program and the Drug Management Program for at-risk beneficiaries (also known as the "Lock-In" Program).

Summary: This section requires, by 2021, plans provide information to beneficiaries on the risks associated with prolonged opioid use and coverage of nonpharmacological therapies, devices,

and nonopioid medications. Plans are provided flexibility to target this information to a specific subset of enrollees, such as those prescribed an opioid in the previous two years.

Section 3: Requiring Medicare Advantage Plans and Prescription Drug Plans to Provide Information on the Safe Disposal of Prescription Drugs

Background: Home risk assessment is a preventative care tool health plans use to identify health risk and evaluate patients for the presence of disease or disability. It focuses on patient behaviors, medical history, and current physical health. An MTM program is a patient-centric and comprehensive approach to improve medication use, reduce the risk of adverse events, and improve medication adherence. In general, each program should include prescriber interventions to promote coordinated care, an interactive comprehensive medication review, and discussion with the beneficiary to assess his or her medication therapies. Beneficiaries are engaged by both their physicians and pharmacists to talk about how well their medications are working, side effects, drug interactions, or other problems. Presently, plans are not required to educate patients on proper disposal of their medications.

Summary: Starting January 1, 2021, plans are required to provide information to enrollees on the safe disposal of prescription drugs that are controlled substances as part of the in-home risk assessment. Additionally, plans are required to provide information on cost-effective means for safe disposal of controlled substances through their MTM programs.

Section 4: Revising Measures Used Under the Hospital Consumer Assessment of Healthcare Providers and Systems Survey Relating to Pain Management

Background: The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey is a standardized survey instrument and data collection methodology that has been in use since 2006 to measure patients' experiences during a hospital stay. CMS requires hospitals to administer the survey for various quality reporting programs. Previously, the survey included questions about how well a hospital addressed patient pain – but given concerns about the potential of pain measures to incentivize the prescribing of opioids, CMS updated its questions related to communication about pain beginning January 1, 2018, as well as removing pain-based questions from the payment formula under the 2018 Hospital Value-Based Purchasing program. However, these pain questions still exist on the HCAHPS survey even though they are not counted towards the payment formula.

Summary: On or after January 1, 2019, this section requires HCAHPS surveys to remove all pain-related questions unless the pain questions take into account, as applicable, whether an individual experiencing pain was informed about the risks associated with the use of opioids and about non-opioid alternatives for the treatment of pain. The Secretary of the Department of Health and Human Services is also prohibited from including on the Hospital Compare Internet website and the Hospital Value-Based Purchasing Program any measures based on the questions appearing on the HCAHPS survey for 2018 about communication by hospital staff with an individual about pain.

