

115TH CONGRESS
2D SESSION

H. R. 5776

To amend title XVIII to provide for Medicare coverage of certain services furnished by opioid treatment programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 11, 2018

Mr. NEAL (for himself, Mr. HOLDING, Mr. CARTWRIGHT, and Mr. TAYLOR) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII to provide for Medicare coverage of certain services furnished by opioid treatment programs, 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 “Medicare and Opioid
5 Safe Treatment Act” or the “MOST Act”.

1 **SEC. 2. MEDICARE COVERAGE OF CERTAIN SERVICES FUR-**
2 **NISHED BY OPIOID TREATMENT PROGRAMS.**

3 (a) **COVERAGE.**—Section 1861(s)(2) of the Social Se-
4 curity Act (42 U.S.C. 1395x(s)(2)) is amended—

5 (1) in subparagraph (FF), by striking at the
6 end “and”;

7 (2) in subparagraph (GG), by inserting at the
8 end “; and”; and

9 (3) by adding at the end the following new sub-
10 paragraph:

11 “(HH) opioid use disorder treatment serv-
12 ices (as defined in subsection (jjj)).”.

13 (b) **OPIOID USE DISORDER TREATMENT SERVICES**
14 **AND OPIOID TREATMENT PROGRAM DEFINED.**—Section
15 1861 of the Social Security Act is amended by adding at
16 the end the following new subsection:

17 “(jjj) **OPIOID USE DISORDER TREATMENT SERV-**
18 **ICES; OPIOID TREATMENT PROGRAM.**—

19 “(1) **OPIOID USE DISORDER TREATMENT SERV-**
20 **ICES.**—The term ‘opioid use disorder treatment serv-
21 ices’ means items and services that are furnished by
22 an opioid treatment program for the treatment of
23 opioid abuse disorder, including—

24 “(A) opioid agonist treatment medications
25 (including oral versions) that are approved by
26 the Food and Drug Administration under sec-

1 tion 505 of the Federal Food, Drug and Cos-
2 metic Act for use in the treatment of opioid use
3 disorder;

4 “(B) dispensing and administration of
5 such medications, if applicable;

6 “(C) substance abuse counseling by a pro-
7 fessional to the extent authorized under State
8 law to furnish such services;

9 “(D) behavioral individual and group ther-
10 apy with physicians or psychologists (or other
11 mental health professionals to the extent au-
12 thorized under State law);

13 “(E) toxicology testing; and

14 “(F) other items and services that the Sec-
15 retary determines are appropriate.

16 “(2) OPIOID TREATMENT PROGRAM.—The term
17 ‘opioid treatment program’ means an opioid treat-
18 ment program (as defined in section 8.2 of title 42
19 of the Code of Federal Regulations, or any successor
20 regulation) that—

21 “(A) is enrolled under section 1866(j);

22 “(B) has in effect a certification by the
23 Substance Abuse and Mental Health Services
24 Administration for such a program;

1 “(C) is accredited by an accrediting body
2 approved by the Substance Abuse and Mental
3 Health Services Administration; and

4 “(D) meets such additional conditions as
5 the Secretary may find necessary to ensure—

6 “(i) the health and safety of individ-
7 uals being furnished services under such
8 program; and

9 “(ii) the effective and efficient fur-
10 nishing of such services.”.

11 (c) PAYMENT.—

12 (1) IN GENERAL.—Section 1833(a)(1) of the
13 Social Security Act (42 U.S.C. 1395l(a)(1)) is
14 amended—

15 (A) by striking “and (BB)” and inserting
16 “(BB)”; and

17 (B) by inserting before the semicolon at
18 the end the following “, and (CC) with respect
19 to opioid use disorder treatment services fur-
20 nished during an episode of care, the amount
21 paid shall be equal to the amount payable in ac-
22 cordance with section 1834(w) less any copay-
23 ment required as specified by the Secretary”.

24 (2) PAYMENT DETERMINATION.—Section 1834
25 of the Social Security Act (42 U.S.C. 1395m) is

1 amended by adding at the end the following new
2 subsection:

3 “(w) OPIOID USE DISORDER TREATMENT SERV-
4 ICES.—

5 “(1) IN GENERAL.—The Secretary shall pay to
6 an opioid treatment program (as defined in para-
7 graph (2) of section 1861(jjj)) an amount that is
8 equal to 100 percent of a bundled payment under
9 this part for opioid use disorder treatment services
10 (as defined in paragraph (1) of such section) that
11 are furnished by such program to an individual dur-
12 ing an episode of care (as defined by the Secretary)
13 beginning on or after January 1, 2020. The Sec-
14 retary shall ensure that no duplicative payments are
15 made under this part or part D to a physician, prac-
16 titioner, or pharmacy for items and services fur-
17 nished by an opioid treatment program.

18 “(2) CONSIDERATIONS.—The Secretary may
19 implement this subsection through one or more bun-
20 dles based on the type of medication provided (such
21 as buprenorphine, methadone, naltrexone, or a new
22 innovative drug), the frequency of services, the scope
23 of services furnished, characteristics of the individ-
24 uals furnished such services, or other factors as the
25 Secretary determine appropriate. In developing such

1 bundles, the Secretary may consider payment rates
2 paid to opioid treatment programs for comparable
3 services under State plans under title XIX, under
4 the TRICARE program under chapter 55 of title 10
5 of the United States Code, or by other health care
6 payers.

7 “(3) ANNUAL UPDATES.—The Secretary shall
8 provide an update each year to the bundled payment
9 amounts under this subsection.”.

10 (d) INCLUDING OPIOID TREATMENT PROGRAMS AS
11 MEDICARE PROVIDERS.—Section 1866(e) of the Social
12 Security Act (42 U.S.C. 1395cc(e)) is amended—

13 (1) in paragraph (2), by striking at the end
14 “and”;

15 (2) in paragraph (3), by striking the period at
16 the end and inserting “; and”; and

17 (3) by adding at the end the following new
18 paragraph:

19 “(3) opioid treatment programs (as defined in
20 paragraph (2) of section 1861(jjj)), but only with re-
21 spect to the furnishing of opioid treatment program
22 services (as defined in paragraph (1) of such sec-
23 tion).”.

1 **SEC. 3. REVIEW AND ADJUSTMENT OF PAYMENTS UNDER**
2 **THE MEDICARE OUTPATIENT PROSPECTIVE**
3 **PAYMENT SYSTEM TO AVOID FINANCIAL IN-**
4 **CENTIVES TO USE OPIOIDS INSTEAD OF NON-**
5 **OPIOID ALTERNATIVE TREATMENTS.**

6 (a) OUTPATIENT PROSPECTIVE PAYMENT SYS-
7 TEM.—Section 1833(t) of the Social Security Act (42
8 U.S.C. 1395l(t)) is amended by adding at the end the fol-
9 lowing new paragraph:

10 “(22) REVIEW AND REVISIONS OF PAYMENTS
11 FOR NON-OPIOID ALTERNATIVE TREATMENTS.—

12 “(A) IN GENERAL.—With respect to pay-
13 ments made under this subsection for covered
14 OPD services (or groups of services), including
15 covered OPD services assigned to a comprehen-
16 sive ambulatory payment classification, the Sec-
17 retary—

18 “(i) shall, as soon as practicable, con-
19 duct a review (part of which may include
20 a request for information) of payments for
21 opioids and evidence-based non-opioid al-
22 ternatives for pain management (including
23 drugs and devices, nerve blocks, surgical
24 injections, and neuromodulation) with a
25 goal of ensuring that there are not finan-

1 cial incentives to use opioids instead of
2 non-opioid alternatives;

3 “(ii) may, as the Secretary determines
4 appropriate, conduct subsequent reviews of
5 such payments; and

6 “(iii) shall consider the extent to
7 which revisions under this subsection to
8 such payments (such as the creation of ad-
9 ditional groups of covered OPD services to
10 classify separately those procedures that
11 utilize opioids and non-opioid alternatives
12 for pain management) would reduce pay-
13 ment incentives to use opioids instead of
14 non-opioid alternatives for pain manage-
15 ment.

16 “(B) PRIORITY.—In conducting the review
17 under clause (i) of subparagraph (A) and con-
18 sidering revisions under clause (iii) of such sub-
19 paragraph, the Secretary shall focus on covered
20 OPD services (or groups of services) assigned
21 to a comprehensive ambulatory payment classi-
22 fication, ambulatory payment classifications
23 that primarily include surgical services, and
24 other services determined by the Secretary

1 which generally involve treatment for pain man-
2 agement.

3 “(C) REVISIONS.—If the Secretary identi-
4 fies revisions to payments pursuant to subpara-
5 graph (A)(iii), the Secretary shall, as deter-
6 mined appropriate, begin making such revisions
7 for services furnished on or after January 1,
8 2020. Revisions under the previous sentence
9 shall be treated as adjustments for purposes of
10 application of paragraph (9)(B).

11 “(D) RULES OF CONSTRUCTION.—Nothing
12 in this paragraph shall be construed to preclude
13 the Secretary—

14 “(i) from conducting a demonstration
15 before making the revisions described in
16 subparagraph (C); or

17 “(ii) prior to implementation of this
18 paragraph, from changing payments under
19 this subsection for covered OPD services
20 (or groups of services) which include
21 opioids or non-opioid alternatives for pain
22 management.”.

23 (b) AMBULATORY SURGICAL CENTERS.—Section
24 1833(i) of the Social Security Act (42 U.S.C. 1395l(i))

1 is amended by adding at the end the following new para-
2 graph:

3 “(8) The Secretary shall apply the provisions of
4 paragraph (22) of section 1833(t), including the sec-
5 ond sentence of subparagraph (C) of such para-
6 graph, to payment for services under this subsection
7 in an appropriate manner (as determined by the
8 Secretary).”.

9 **SEC. 4. EXPANDING ACCESS UNDER THE MEDICARE PRO-**
10 **GRAM TO ADDICTION TREATMENT IN FEDER-**
11 **ALLY QUALIFIED HEALTH CENTERS AND**
12 **RURAL HEALTH CLINICS.**

13 (a) **FEDERALLY QUALIFIED HEALTH CENTERS.—**
14 Section 1834(o) of the Social Security Act (42 U.S.C.
15 1395m(o)) is amended by adding at the end the following
16 new paragraph:

17 “(3) **ADDITIONAL PAYMENTS FOR CERTAIN**
18 **FQHCS WITH PRACTITIONERS RECEIVING DATA 2000**
19 **CERTIFICATION.—**

20 “(A) **IN GENERAL.—**In the case of a Fed-
21 erally qualified health center with respect to
22 which, beginning January 1, 2019, Federally-
23 qualified health center services (as defined in
24 section 1861(aa)(3)) are furnished by a health
25 care practitioner who first receives on or after

1 such date a registration or waiver under section
2 303(g) of the Controlled Substances Act to pre-
3 scribe or dispense methadone, buprenorphine,
4 or suboxone for the purpose of maintenance or
5 detoxification treatment, the Secretary shall,
6 subject to availability of funds under subpara-
7 graph (B), make a payment (in accordance with
8 such timing, method, and procedures as speci-
9 fied by the Secretary) to such Federally quali-
10 fied health center in an amount determined by
11 the Secretary, based on an approximation of the
12 cost to receive training for purposes of such
13 registration or waiver, as applicable. For pur-
14 poses of the previous sentence, a Federally-
15 qualified health center shall apply for a pay-
16 ment described in such sentence at such time
17 and in such manner as specified by the Sec-
18 retary and may apply for such a payment for
19 each practitioner furnishing such services at
20 such center who is described in such sentence.

21 “(B) FUNDING.—For purposes of making
22 payments under this paragraph, there are ap-
23 propriated, out of amounts in the Treasury not
24 otherwise appropriated, \$6,000,000, which shall
25 remain available until expended.”.

1 (b) RURAL HEALTH CLINIC.—Section 1833 of the
2 Social Security Act (42 U.S.C. 1395l) is amended—

3 (1) by redesignating the subsection (z) relating
4 to medical review of spinal subluxation services as
5 subsection (aa); and

6 (2) by adding at the end the following new sub-
7 section:

8 “(bb) ADDITIONAL PAYMENTS FOR CERTAIN RURAL
9 HEALTH CLINICS WITH PRACTITIONERS RECEIVING
10 DATA 2000 CERTIFICATION.—

11 “(1) IN GENERAL.—In the case of a rural
12 health clinic with respect to which, beginning Janu-
13 ary 1, 2019, rural health clinic services (as defined
14 in section 1861(aa)(1)) are furnished by a health
15 care practitioner who first receives on or after such
16 date a registration or waiver under section 303(g) of
17 the Controlled Substances Act to prescribe or dis-
18 pense methadone, buprenorphine, or suboxone for
19 the purpose of maintenance or detoxification treat-
20 ment, the Secretary shall, subject to availability of
21 funds under subparagraph (B), make a payment (in
22 accordance with such timing, method, and proce-
23 dures as specified by the Secretary) to such rural
24 health clinic in an amount determined by the Sec-
25 retary, based on an approximation of the cost to re-

1 ceive training for purposes of such registration or
2 waiver, as applicable. For purposes of the previous
3 sentence, a rural health clinic shall apply for a pay-
4 ment described in such sentence at such time and in
5 such manner as specified by the Secretary and may
6 apply for such a payment for each practitioner fur-
7 nishing such services at such clinic who is described
8 in such sentence.

9 “(2) FUNDING.—For purposes of making pay-
10 ments under this subsection, there are appropriated,
11 out of amounts in the Treasury not otherwise appro-
12 priated, \$2,000,000, which shall remain available
13 until expended.”.

14 **SEC. 5. STUDYING THE AVAILABILITY OF SUPPLEMENTAL**
15 **BENEFITS DESIGNED TO TREAT OR PREVENT**
16 **SUBSTANCE USE DISORDERS UNDER MEDI-**
17 **CARE ADVANTAGE PLANS.**

18 (a) IN GENERAL.—Not later than 2 years after the
19 date of the enactment of this Act, the Secretary of Health
20 and Human Services (in this section referred to as the
21 “Secretary”) shall submit to Congress a report on the
22 availability of supplemental health care benefits (as de-
23 scribed in section 1852(a)(3)(A) of the Social Security Act
24 (42 U.S.C. 1395w–22(a)(3)(A))) designed to treat or pre-
25 vent substance use disorders under Medicare Advantage

1 plans offered under part C of title XVIII of such Act. Such
2 report shall include the analysis described in subsection
3 (c) and any differences in the availability of such benefits
4 under specialized MA plans for special needs individuals
5 (as defined in section 1859(b)(6) of such Act (42 U.S.C.
6 1395w–28(b)(6))) offered to individuals entitled to med-
7 ical assistance under title XIX of such Act and other such
8 Medicare Advantage plans.

9 (b) CONSULTATION.—The Secretary shall develop the
10 report described in subsection (a) in consultation with rel-
11 evant stakeholders, including—

12 (1) individuals entitled to benefits under part A
13 or enrolled under part B of title XVIII of the Social
14 Security Act;

15 (2) entities who advocate on behalf of such indi-
16 viduals;

17 (3) Medicare Advantage organizations;

18 (4) pharmacy benefit managers; and

19 (5) providers of services and suppliers (as such
20 terms are defined in section 1861 of such Act (42
21 U.S.C. 1395x)).

22 (c) CONTENTS.—The report described in subsection
23 (a) shall include an analysis on the following:

1 (1) The extent to which plans described in such
2 subsection offer supplemental health care benefits
3 relating to coverage of—

4 (A) medication-assisted treatments for
5 opioid use, substance use disorder counseling,
6 peer recovery support services, or other forms
7 of substance use disorder treatments (whether
8 furnished in an inpatient or outpatient setting);
9 and

10 (B) non-opioid alternatives for the treat-
11 ment of pain.

12 (2) Challenges associated with such plans offer-
13 ing supplemental health care benefits relating to cov-
14 erage of items and services described in subpara-
15 graph (A) or (B) of paragraph (1).

16 (3) The impact, if any, of increasing the appli-
17 cable rebate percentage determined under section
18 1854(b)(1)(C) of the Social Security Act (42 U.S.C.
19 1395w–24(b)(1)(C)) for plans offering such benefits
20 relating to such coverage would have on the avail-
21 ability of such benefits relating to such coverage of-
22 fered under Medicare Advantage plans.

23 (4) Potential ways to improve upon such cov-
24 erage or to incentivize such plans to offer additional

1 supplemental health care benefits relating to such
2 coverage.

3 **SEC. 6. CLINICAL PSYCHOLOGIST SERVICES MODELS**
4 **UNDER THE CENTER FOR MEDICARE AND**
5 **MEDICAID INNOVATION; GAO STUDY AND RE-**
6 **PORT.**

7 (a) CMI MODELS.—Section 1115A(b)(2)(B) of the
8 Social Security Act (42 U.S.C. 1315a(b)(2)(B)) is amend-
9 ed by adding at the end the following new clauses:

10 “(xxv) Supporting ways to familiarize
11 individuals with the availability of coverage
12 under part B of title XVIII for qualified
13 psychologist services (as defined in section
14 1861(ii)).

15 “(xxvi) Exploring ways to avoid un-
16 necessary hospitalizations or emergency de-
17 partment visits for mental and behavioral
18 health services (such as for treating de-
19 pression) through use of a 24-hour, 7-day
20 a week help line that may inform individ-
21 uals about the availability of treatment op-
22 tions, including the availability of qualified
23 psychologist services (as defined in section
24 1861(ii)).”.

1 (b) GAO STUDY AND REPORT.—Not later than 18
2 months after the date of the enactment of this Act, the
3 Comptroller General of the United States shall conduct
4 a study, and submit to Congress a report, on mental and
5 behavioral health services under the Medicare program
6 under title XVIII of the Social Security Act, including an
7 examination of the following:

8 (1) Information about services furnished by
9 psychiatrists, clinical psychologists, and other profes-
10 sionals.

11 (2) Information about ways that Medicare bene-
12 ficiaries familiarize themselves about the availability
13 of Medicare payment for qualified psychologist serv-
14 ices (as defined in section 1861(ii) of the Social Se-
15 curity Act (42 U.S.C. 1395x(ii))) and ways that the
16 provision of such information could be improved.

17 **SEC. 7. PAIN MANAGEMENT STUDY.**

18 (a) IN GENERAL.—Not later than 1 year after the
19 date of enactment of this Act, the Secretary of Health and
20 Human Services (referred to in this section as the “Sec-
21 retary”) shall conduct a study and submit to the Com-
22 mittee on Ways and Means and the Committee on Energy
23 and Commerce of the House of Representatives and the
24 Committee on Finance of the Senate a report containing
25 recommendations on whether and how payment to pro-

1 viders and suppliers of services and coverage related to
2 the use of multi-disciplinary, evidence-based, non-opioid
3 treatments for acute and chronic pain management for in-
4 dividuals entitled to benefits under part A or enrolled
5 under part B of title XVIII of the Social Security Act
6 should be revised. The Secretary shall make such report
7 available on the public website of the Centers for Medicare
8 & Medicaid Services.

9 (b) CONSULTATION.—In developing the report de-
10 scribed in subsection (a), the Secretary shall consult
11 with—

12 (1) relevant agencies within the Department of
13 Health and Human Services;

14 (2) licensed and practicing osteopathic and
15 allopathic physicians, behavioral health practitioners,
16 physician assistants, nurse practitioners, dentists,
17 pharmacists, and other providers of health services;

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

21 (4) substance abuse and mental health profes-
22 sional organizations;

23 (5) pain management professional organizations
24 and advocacy entities, including individuals who per-
25 sonally suffer chronic pain;

1 (6) medical professional organizations and med-
2 ical specialty organizations;

3 (7) licensed health care providers who furnish
4 alternative pain management services;

5 (8) organizations with expertise in the develop-
6 ment of innovative medical technologies for pain
7 management;

8 (9) beneficiary advocacy organizations; and

9 (10) other organizations with expertise in the
10 assessment, diagnosis, treatment, and management
11 of pain, as determined appropriate by the Secretary.

12 (c) CONTENTS.—The report described in subsection
13 (a) shall include the following:

14 (1) The recommendations described in sub-
15 section (d).

16 (2) The impact analysis described in subsection
17 (e).

18 (3) An assessment of pain management guid-
19 ance published by the Federal Government that may
20 be relevant to coverage determinations or other cov-
21 erage requirements under title XVIII of the Social
22 Security Act. Such assessment shall consider incor-
23 porating into such guidance relevant elements of the
24 “Va/DoD Clinical Practice Guideline for Opioid
25 Therapy for Chronic Pain” published in February

1 2017 by the Department of Veterans Affairs and
2 Department of Defense, including adoption of ele-
3 ments of the Department of Defense and Veterans
4 Administration pain rating scale.

5 (4) An evaluation of the following:

6 (A) Barriers inhibiting individuals entitled
7 to benefits under part A or enrolled under part
8 B of such title from accessing treatments and
9 technologies described in subparagraphs (A)
10 through (F) of paragraph (6).

11 (B) Potential legislative and administrative
12 changes under such title to improve individuals'
13 access to items and services currently covered
14 under such title and used for the treatment of
15 pain, such as cognitive behavioral interventions,
16 physical therapy, occupational therapy, physical
17 medicine, biofeedback therapy, and chiropractic
18 therapy, and other pain treatments services fur-
19 nished in a hospital or post-acute care setting.

20 (C) Costs and benefits associated with po-
21 tential expansion of coverage under such title to
22 include items and services not covered under
23 such title that may be used for the treatment
24 of pain, such as acupuncture, therapeutic mas-

1 sage, and items and services furnished by inte-
2 grated pain management programs.

3 (5) An analysis on payment and coverage under
4 title XVIII of the Social Security Act with respect
5 to the following:

6 (A) Evidence-based treatments and tech-
7 nologies for chronic or acute pain, including
8 such treatments that are covered, not covered,
9 or have limited coverage under such title.

10 (B) Evidence-based treatments and tech-
11 nologies that monitor substance use withdrawal
12 and prevent overdoses of opioids.

13 (C) Evidence-based treatments and tech-
14 nologies that treat substance use disorders.

15 (D) Items and services furnished by practi-
16 tioners through a multi-disciplinary treatment
17 model for pain management, including the pa-
18 tient-centered medical home.

19 (E) Medical devices, non-opioid based
20 drugs, and other therapies (including inter-
21 ventional and integrative pain therapies) ap-
22 proved or cleared by the Food and Drug Ad-
23 ministration for the treatment of pain.

24 (F) Items and services furnished to bene-
25 ficiaries with psychiatric disorders, substance

1 use disorders, or who are at risk of suicide, or
2 have comorbidities and require consultation or
3 management of pain with one or more special-
4 ists in pain management, mental health, or ad-
5 diction treatment.

6 (d) RECOMMENDATIONS.—The recommendations de-
7 scribed in this subsection are, with respect to individuals
8 entitled to benefits under part A or enrolled under part
9 B of title XVIII of the Social Security Act, legislative and
10 administrative recommendations on the following:

11 (1) Options for additional coverage of pain
12 management therapies without the use of opioids, in-
13 cluding interventional pain therapies, and options to
14 augment opioid therapy with other clinical and com-
15plementary, integrative health services to minimize
16 the risk of substance use disorder, including in a
17 hospital setting.

18 (2) Options for coverage and payment modifica-
19 tions of medical devices and non-opioid based phar-
20 macological and non-pharmacological therapies (in-
21 cluding interventional and integrative pain thera-
22 pies) approved or cleared by the Food and Drug Ad-
23 ministration for the treatment of pain as an alter-
24 native or augment to opioid therapy.

1 (3) Treatment strategies for beneficiaries with
2 psychiatric disorders, substance use disorders, or
3 who are at risk of suicide, and treatment strategies
4 to address health disparities related to opioid use
5 and opioid abuse treatment.

6 (4) Treatment strategies for beneficiaries with
7 comorbidities who require a consultation or co-
8 management of pain with one or more specialists in
9 pain management, mental health, or addiction treat-
10 ment, including in a hospital setting.

11 (5) Coadministration of opioids and other
12 drugs, particularly benzodiazepines.

13 (6) Appropriate case management for bene-
14 ficiaries who transition between inpatient and out-
15 patient hospital settings, or between opioid therapy
16 to non-opioid therapy, which may include the use of
17 care transition plans.

18 (7) Outreach activities designed to educate pro-
19 viders of services and suppliers under the Medicare
20 program and individuals entitled to benefits under
21 part A or under part B of such title on alternative,
22 non-opioid therapies to manage and treat acute and
23 chronic pain.

24 (8) Creation of a beneficiary education tool on
25 alternatives to opioids for chronic pain management.

1 (e) IMPACT ANALYSIS.—The impact analysis de-
2 scribed in this subsection consists of an analysis of any
3 potential effects implementing the recommendations de-
4 scribed in subsection (d) would have—

5 (1) on expenditures under the Medicare pro-
6 gram; and

7 (2) on preventing or reducing opioid addiction
8 for individuals receiving benefits under the Medicare
9 program.

○