

115TH CONGRESS
2D SESSION

H. R. 5723

To require the Medicare Payment Advisory Commission to report on opioid payment, adverse incentives, and data under the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

MAY 9, 2018

Ms. TENNEY (for herself, Mr. MCKINLEY, and Ms. DELBENE) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, 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 require the Medicare Payment Advisory Commission to report on opioid payment, adverse incentives, and data under the Medicare program.

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 “Expanding Oversight
5 of Opioid Prescribing and Payment Act of 2018”.

1 **SEC. 2. MEDICARE PAYMENT ADVISORY COMMISSION RE-**
2 **PORT ON OPIOID PAYMENT, ADVERSE INCEN-**
3 **TIVES, AND DATA UNDER THE MEDICARE**
4 **PROGRAM.**

5 Not later than March 15, 2019, the Medicare Pay-
6 ment Advisory Commission shall submit to Congress a re-
7 port on, with respect to the Medicare program under title
8 XVIII of the Social Security Act, the following:

9 (1) A description of how the Medicare program
10 pays for pain management treatments (both opioid
11 and non-opioid pain management alternatives) in an
12 inpatient and outpatient hospital setting.

13 (2) The identification of incentives under the
14 hospital inpatient prospective payment system under
15 section 1886 of the Social Security Act (42 U.S.C.
16 1395ww) and incentives under the hospital out-
17 patient prospective payment system under section
18 1833(t) of such Act (42 U.S.C. 1395l(t)) for pre-
19 scribing opioids and incentives under each such sys-
20 tem for prescribing non-opioid treatments, and rec-
21 ommendations as the Commission deems appropriate
22 for addressing any of such incentives that are ad-
23 verse incentives.

24 (3) A description of how opioid use is tracked
25 and monitored through Medicare claims data and
26 other mechanisms and the identification of any areas

- 1 in which further data and methods are needed for
- 2 improving data and understanding of opioid use.

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