

115TH CONGRESS
2D SESSION

H. R. 5722

To direct the Secretary of Health and Human Services to conduct a study and submit to Congress a report containing recommendation on how to improve the use of non-opioid treatments for acute and chronic pain management for individuals entitled to benefits under part A or enrolled under part B of the Medicare program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 9, 2018

Mrs. WALORSKI (for herself and Ms. JUDY CHU of California) 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 direct the Secretary of Health and Human Services to conduct a study and submit to Congress a report containing recommendation on how to improve the use of non-opioid treatments for acute and chronic pain management for individuals entitled to benefits under part A or enrolled under part B of the Medicare program, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Dr. Todd Graham Pain
3 Management Improvement Act of 2018”.

4 **SEC. 2. PAIN MANAGEMENT STUDY.**

5 (a) **IN GENERAL.**—Not later than 1 year after the
6 date of enactment of this Act, the Secretary of Health and
7 Human Services (referred to in this section as the “Sec-
8 retary”) shall conduct a study and submit to the Com-
9 mittee on Ways and Means and the Committee on Energy
10 and Commerce of the House of Representatives and the
11 Committee on Finance of the Senate a report containing
12 recommendations on whether and how reimbursement to
13 providers and suppliers of services, coverage, and coding
14 policies related to the use of multi-disciplinary, evidence-
15 based, non-opioid treatments for acute and chronic pain
16 management for individuals entitled to benefits under part
17 A or enrolled under part B of title XVIII of the Social
18 Security Act should be revised. The Secretary shall make
19 such report available on the public website of the Centers
20 for Medicare & Medicaid Services.

21 (b) **CONSULTATION.**—In developing the report de-
22 scribed in subsection (a), the Secretary shall consult
23 with—

24 (1) relevant agencies within the Department of
25 Health and Human Services;

1 (2) licensed and practicing osteopathic and
2 allopathic physicians, physician assistants, nurse
3 practitioners, dentists, and pharmacists;

4 (3) hospitals and other medical facilities, in-
5 cluding acute care hospitals, cancer hospitals, psy-
6 chiatric hospitals, hospital emergency departments,
7 facilities furnishing urgent care services, ambulatory
8 surgical centers, and post-acute care and long-term
9 care facilities (such as skilled nursing facilities, inpa-
10 tient rehabilitation facilities, long-term care hos-
11 pitals, and home health agencies);

12 (4) substance abuse and mental health profes-
13 sional organizations;

14 (5) pain management professional organizations
15 and advocacy entities, including individuals who per-
16 sonally suffer chronic pain;

17 (6) medical professional organizations and med-
18 ical specialty organizations;

19 (7) licensed health care providers who furnish
20 alternative pain management services;

21 (8) organizations with expertise in the develop-
22 ment of innovative medical technologies for pain
23 management;

24 (9) beneficiary advocacy organizations; and

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

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

6 (1) The recommendations described in sub-
7 section (d).

8 (2) The impact analysis described in subsection
9 (e).

10 (3) An assessment of pain management guid-
11 ance published by the Federal Government that may
12 be relevant to coverage determinations or other cov-
13 erage requirements under title XVIII of the Social
14 Security Act.

15 (4) Recommendations for updating, including
16 expanding, the “CDC Guideline for Prescribing
17 Opioids for Chronic Pain—United States, 2016”
18 published in March 2016 by the Centers for Disease
19 Control and Prevention, including for purposes of
20 management of pain. Such recommendations shall—

21 (A) consider incorporating relevant ele-
22 ments of the “Va/DoD Clinical Practice Guide-
23 line for Opioid Therapy for Chronic Pain” pub-
24 lished in February 2017 by the Department of
25 Veterans Affairs and Department of Defense,

1 including adoption of elements of the Depart-
2 ment of Defense and Veterans Administration
3 pain rating scale; and

4 (B) include recommendations on how the
5 “CDC Guideline for Prescribing Opioids for
6 Chronic Pain—United States, 2016”, as so up-
7 dated, could be adopted by health care pro-
8 viders across clinical settings.

9 (5) An evaluation of the following:

10 (A) Barriers inhibiting individuals entitled
11 to benefits under part A or enrolled under part
12 B of such title from accessing treatments and
13 technologies described in subparagraphs (A)
14 through (C) of paragraph (6).

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

24 (C) Costs and benefits associated with po-
25 tential expansion of coverage under such title to

1 include items and services not covered under
2 such title that may be used for the treatment
3 of pain, such as acupuncture, therapeutic mas-
4 sage, and items and services furnished by inte-
5 grated pain management programs.

6 (6) An analysis on reimbursement, coverage,
7 and coding policies (including DRG classification,
8 CPT, HCPCS, NDC, and other applicable codes)
9 under title XVIII of the Social Security Act with re-
10 spect to the following:

11 (A) Non-opioid based treatments and tech-
12 nologies for chronic or acute pain, including
13 such treatments that are covered, not covered,
14 or have limited coverage under such title.

15 (B) Non-opioid based treatments and tech-
16 nologies that monitor substance use withdrawal
17 and prevent overdoses of opioids.

18 (C) Non-opioid based treatments and tech-
19 nologies that treat substance use disorders.

20 (D) Items and services furnished by practi-
21 tioners through a multi-disciplinary treatment
22 model for pain management.

23 (E) Medical devices, non-opioid based
24 drugs, and other therapies (including inter-
25 ventional and integrative pain therapies) ap-

1 proved or cleared by the Food and Drug Ad-
2 ministration for the treatment of pain.

3 (F) Items and services furnished to bene-
4 ficiaries with psychiatric disorders, substance
5 use disorders, or who are at risk of suicide, or
6 have comorbidities and require consultation or
7 management of pain with one or more special-
8 ists in pain management, mental health, or ad-
9 diction treatment.

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

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

22 (2) Options for coverage and reimbursement
23 modifications of medical devices and non-opioid
24 based pharmacological and non-pharmacological
25 therapies (including interventional and integrative

1 pain therapies) approved or cleared by the Food and
2 Drug Administration for the treatment of pain as an
3 alternative or augment to opioid therapy.

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

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

14 (5) Coadministration of opioids and other
15 drugs, particularly benzodiazepines.

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

21 (7) Outreach activities designed to educate pro-
22 viders of services and suppliers under the Medicare
23 program and individuals entitled to benefits under
24 part A or under part B of such title on alternative,

1 non-opioid therapies to manage and treat acute and
2 chronic pain.

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

5 (e) IMPACT ANALYSIS.—The impact analysis de-
6 scribed in this subsection consists of an analysis of any
7 potential effects implementing the recommendations de-
8 scribed in subsection (d) would have—

9 (1) on expenditures under the Medicare pro-
10 gram; and

11 (2) on preventing or reducing opioid addiction
12 for individuals receiving benefits under the Medicare
13 program.

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