

115TH CONGRESS
2D SESSION

H. R. 5558

To require the Secretary of Health and Human Services to carry out under the Medicare program an alternatives to opioids in emergency departments demonstration project.

IN THE HOUSE OF REPRESENTATIVES

APRIL 18, 2018

Mr. BUCHANAN (for himself and Mr. HASTINGS) 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 require the Secretary of Health and Human Services to carry out under the Medicare program an alternatives to opioids in emergency departments demonstration project.

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 “Alternatives to Opioids
5 Prescribing Act”.

1 **SEC. 2. ALTERNATIVES TO OPIOIDS IN EMERGENCY DE-**2 **PARTMENTS MEDICARE DEMONSTRATION**3 **PROJECT.**

4 (a) ESTABLISHMENT.—Beginning not later than one
5 year after the date of the enactment of this Act, the Sec-
6 retary of Health and Human Services (in this Act referred
7 to as the “Secretary”) shall carry out a 5-year demonstra-
8 tion project under which payment shall be made under the
9 hospital outpatient prospective payment system under part
10 B of title XVIII of the Social Security Act (42 U.S.C.
11 1395j et seq.) to participating hospitals for items and
12 services furnished as alternatives to opioid medications to
13 individuals enrolled under such part to treat conditions
14 designated under subsection (c)(1) for purposes of eval-
15 uating the benefits of using, instead of opioid medications,
16 such alternatives to treat in emergency departments such
17 symptoms and conditions.

18 (b) EMERGENCY DEPARTMENTS.—

19 (1) SELECTION.—The Secretary shall select
20 from hospitals with emergency departments volun-
21 tarily submitting applications under paragraph (4),
22 not fewer than 30 hospitals with emergency depart-
23 ments, and not more than 50 hospitals with emer-
24 gency departments, for participation in the dem-
25 onstration project.

1 (2) DIVERSITY.—In selecting hospitals with
2 emergency departments, the Secretary shall ensure
3 such hospitals and emergency departments are di-
4 verse in geography and size.

5 (3) VOLUNTARY PARTICIPATION.—Participation
6 in the demonstration project under this section shall
7 be on a voluntary basis.

8 (4) APPLICATIONS.—

9 (A) IN GENERAL.—To participate in the
10 demonstration project, a hospital with an emer-
11 gency department shall submit to the Secretary
12 an application at such time, in such manner,
13 and containing such information (in addition to
14 the written commitment described in subpara-
15 graph (B)) as specified by the Secretary. The
16 Secretary shall take such measures as is nec-
17 essary to make available such application form
18 to potential participants no later than 180 days
19 after the date of the enactment of this Act.

20 (B) INFORMATION REQUIRED.—Each ap-
21 plication submitted by a hospital under sub-
22 paragraph (A) shall include a binding written
23 commitment to participate in the demonstration
24 project for the duration of the project signed by
25 the Chief Executive Officer of the hospital, the

1 physician medical director of the emergency de-
2 partment of the hospital, the nursing director of
3 the emergency department of the hospital, and
4 the pharmacy director of the emergency depart-
5 ment of the hospital.

6 (c) ELEMENTS OF DEMONSTRATION PROJECT.—

7 Under the demonstration project, the following shall
8 apply:

9 (1) The Secretary shall designate no fewer than
10 five conditions or sets of symptoms that will be mon-
11 itored during the demonstration project.

12 (2) The performance during each year of the
13 demonstration project, with respect to such condi-
14 tions designated under paragraph (1), of all emer-
15 gency departments of hospitals participating in the
16 demonstration project will be measured against the
17 performance of such emergency departments during
18 a base year, which shall represent the most recent
19 set of full year data available before the first date
20 of the demonstration project.

21 (3) The Secretary shall provide hospitals par-
22 ticipating in the demonstration project with a de-
23 scription of clearly defined treatments that are con-
24 sidered alternatives to opioids to be applied for pur-
25 poses of subsection (a).

1 (d) INCENTIVE PAYMENT.—Under the demonstration
2 project, the Secretary shall create a payment structure
3 under which hospitals participating in the demonstration
4 project that increase the use of alternatives to opioids and
5 decrease the use of opioids may receive a shared savings
6 bonus in addition to what would otherwise be made for
7 items and services furnished under subsection (a). The
8 amount of such shared savings shall be based on the dif-
9 ference between readmission rates for individuals treated
10 with an alternative to opioids at the emergency depart-
11 ment of the participating hospital and the average rate
12 of readmissions for individuals treated with opioids and
13 discharged from a representative group of emergency de-
14 partments of hospitals not participating in the demonstra-
15 tion project in the same region as the participating hos-
16 pital over a period of five years.

17 (e) CLARIFICATION.—Nothing under this section
18 shall prevent a health care provider from prescribing an
19 opioid if an opioid is a medically necessary treatment.

20 (f) REPORTS TO CONGRESS.—

21 (1) INITIAL REPORT.—Not later than 180 days
22 after the date of the enactment of this Act, the Sec-
23 retary shall submit to Congress a report that in-
24 cludes—

(A) the application form described in subsection (b)(4)(A) that is to be made available to potential participants; and

(B) a progress report with respect to designating the conditions under subsection (c)(1) and establishing the description of clearly defined treatments described in subsection (c)(3).

(A) With respect to each condition or set of symptom designated under subsection (c)(1), the number of individuals treated.

(B) With respect to each such condition, the number of individuals treated only with an alternative to opioids.

(C) With respect to each such condition, the number of individuals treated first with an alternative to opioids, followed by an opioid in the same visit.

1 (D) With respect to each such condition,
2 the number of individuals treated only with an
3 opioid.

4 (E) With respect to each individual de-
5 scribed in subparagraph (A) treated for such a
6 condition or set of symptoms, whether or not
7 the individual involved returned to the emer-
8 gency department of the hospital or an emer-
9 gency department of a different hospital for the
10 same condition or symptoms.

11 (F) The difference in cost between treating
12 an individual with an alternative to opioid
13 versus an opioid.

14 (G) Any additional information the Sec-
15 retary determines necessary.

