

115TH CONGRESS
2D SESSION

H. R. 5699

To direct the Secretary of Health and Human Services to develop guidance on pain management and the prevention of opioid use disorder for hospitals receiving payment under part A of the Medicare program.

IN THE HOUSE OF REPRESENTATIVES

MAY 8, 2018

Mr. CURBELO of Florida (for himself and Ms. KUSTER of New Hampshire) introduced the following bill; which was referred to the Committee on Ways and Means

A BILL

To direct the Secretary of Health and Human Services to develop guidance on pain management and the prevention of opioid use disorder for hospitals receiving payment under part A of 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 “Hospital Opioid Solu-
5 tions Toolkit Act of 2018” or the “HOST Act of 2018”.

1 **SEC. 2. DEVELOPING GUIDANCE ON PAIN MANAGEMENT**
2 **AND OPIOID USE DISORDER PREVENTION**
3 **FOR HOSPITALS RECEIVING PAYMENT**
4 **UNDER PART A OF THE MEDICARE PROGRAM.**

5 (a) IN GENERAL.—Not later than January 1, 2019,
6 the Secretary of Health and Human Services (in this sec-
7 tion referred to as the “Secretary”) shall develop and pub-
8 lish on the public website of the Centers for Medicare &
9 Medicaid Services guidance for hospitals receiving pay-
10 ment under part A of title XVIII of the Social Security
11 Act (42 U.S.C. 1395c et seq.) on pain management strate-
12 gies and opioid use disorder prevention strategies with re-
13 spect to individuals entitled to benefits under such part.

14 (b) CONSULTATION.—In developing the guidance de-
15 scribed in subsection (a), the Secretary shall consult with
16 relevant stakeholders, including—

- 17 (1) medical professional organizations;
- 18 (2) 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 (3) patient advocacy organizations and organi-
22 zations representing Medicare beneficiaries; and
- 23 (4) other entities determined appropriate by the
24 Secretary.

1 (c) CONTENTS.—The guidance described in sub-
2 section (a) shall include, with respect to hospitals and indi-
3 viduals described in such subsection, the following:

4 (1) Best practices regarding evidence-based
5 screening and practitioner education initiatives relat-
6 ing to screening and treatment protocols for opioid
7 use disorder, including—

8 (A) methods to identify such individuals
9 at-risk of opioid use disorder, including risk
10 stratification;

11 (B) ways to prevent, recognize, and treat
12 opioid overdoses; and

13 (C) resources available to such individuals,
14 such as opioid treatment programs, peer sup-
15 port groups, and other recovery programs.

16 (2) Best practices for such hospitals to educate
17 practitioners furnishing items and services at such
18 hospital with respect to pain management and sub-
19 stance use disorders, including education on—

20 (A) the adverse effects of prolonged opioid
21 use;

22 (B) alternative, evidence-based, non-phar-
23 macological pain management treatments;

24 (C) monitoring programs for individuals
25 who have been prescribed opioids; and

1 (D) the prescribing of naloxone along with
2 an initial opioid prescription.

3 (3) Best practices for such hospitals to make
4 such individuals aware of the risks associated with
5 opioid use (which may include use of the notification
6 template described in paragraph (4)).

7 (4) A notification template developed by the
8 Secretary for such individuals who are prescribed an
9 opioid that—

10 (A) explains the risks and side effects asso-
11 ciated with opioid use (including the risks of
12 addiction and overdose) and the importance of
13 adhering to the prescribed treatment regimen,
14 avoiding medications that may have an adverse
15 interaction with such opioid, and storing such
16 opioid safely and securely;

17 (B) highlights multimodal and evidence-
18 based non-opioid alternatives for pain manage-
19 ment;

20 (C) encourages such individuals to talk to
21 their health care providers about such alter-
22 natives;

23 (D) provides for a method (through signa-
24 ture or otherwise) for such an individual, or

1 person acting on such individual's behalf, to ac-
2 knowledge receipt of such notification template;

3 (E) is worded in an easily understandable
4 manner and made available in multiple lan-
5 guages determined appropriate by the Sec-
6 retary; and

7 (F) includes any other information deter-
8 mined appropriate by the Secretary.

9 (5) Best practices for such hospital to track
10 opioid prescribing trends by practitioners furnishing
11 items and services at such hospital, including—

12 (A) ways for such hospital to establish tar-
13 get levels with respect to opioids prescribed by
14 such practitioners;

15 (B) guidance on checking the medical
16 records of such individuals against information
17 included in prescription drug monitoring pro-
18 grams;

19 (C) strategies to reduce long-term opioid
20 prescriptions; and

21 (D) methods to identify such practitioners
22 who may be over-prescribing opioids.

23 (6) Other information the Secretary determines
24 appropriate, including any such information from
25 the Opioid Safety Initiative established by the De-

- 1 partment of Veterans Affairs or the Opioid Overdose
- 2 Prevention Toolkit published by the Substance
- 3 Abuse and Mental Health Services Administration.

