the automatic default. This means we need to look to alternative methods of treating pain, whether it be acupuncture or physical therapy or a medical device. It means we must examine existing policies that may have inadvertently incentivized opioid prescribing practices.

But as much as we look forward, we must also address the crisis in front of us. So I am thrilled to see provisions in this bill that would study Medicare Advantage plans already doing groundbreaking work in substance abuse disorder treatment.

I am also glad to see that this bill provides direct resources to the front lines in the form of grants for federally qualified health centers to provide additional training for our providers.

I hope that, in the future, we will work to expand access to alternatives, both within the Medicare program and in the broader population, and ensure that no matter where someone lives or what kind of insurance coverage they have, they are able to seek treatment.

I urge my colleagues to support H.R. 6110, and I yield back the balance of my time.

Mrs. WALORSKI. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, this epidemic knows no boundaries. Opioid abuse continues to devastate families and communities all over this country. As we continue to work toward commonsense solutions to the opioid epidemic, this bipartisan legislation will help break down barriers to nonopioid treatments and give healthcare providers better tools to prevent addiction and to assist in recovery.

I want to thank Chairman BRADY for all of his hard work, as well as my friend Ms. JUDY CHU of California, who helped develop and introduce this bill.

I urge my colleagues to support this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Indiana (Mrs. WALORSKI) that the House suspend the rules and pass the bill, H.R. 6110.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

COMBATING OPIOID ABUSE FOR CARE IN HOSPITALS ACT OF 2018

Mrs. WALORSKI. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5774) to require the Secretary of Health and Human Services to develop guidance on pain management and opioid use disorder prevention for hospitals receiving payment under part A of the Medicare program, provide for opioid quality measures development, and provide for a technical expert panel on reducing surgical setting opioid use and data collection on perioperative opioid use, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5774

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Combating Opioid Abuse for Care in Hospitals Act of 2018'' or the ''COACH Act of 2018''.

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

(a) IN GENERAL.—Not later than January 1, 2019, the Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall develop and publish on the public website of the Centers for Medicare & Medicaid Services guidance for hospitals receiving payment under part A of title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.) on pain management strategies and opioid use disorder prevention strategies with respect to individuals entitled to benefits under such part.

(b) CONSULTATION.—In developing the guidance described in subsection (a), the Secretary shall consult with relevant stakeholders, including—

(1) medical professional organizations;

(2) providers and suppliers of services (as such terms are defined in section 1861 of the Social Security Act (42 U.S.C. 1395x));

(3) health care consumers or groups representing such consumers; and

(4) other entities determined appropriate by the Secretary.

(c) CONTENTS.—The guidance described in subsection (a) shall include, with respect to hospitals and individuals described in such subsection, the following:

(1) Best practices regarding evidence-based screening and practitioner education initiatives relating to screening and treatment protocols for opioid use disorder, including—

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

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

(C) resources available to such individuals, such as opioid treatment programs, peer support groups, and other recovery programs.

(2) Best practices for such hospitals to educate practitioners furnishing items and services at such hospital with respect to pain management and substance use disorders, including education on—

(A) the adverse effects of prolonged opioid use;

(B) non-opioid, evidence-based, non-pharmacological pain management treatments;

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

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

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

(4) A notification template developed by the Secretary, for use as appropriate, for such individuals who are prescribed an opioid that—

(A) explains the risks and side effects associated with opioid use (including the risks of addiction and overdose) and the importance of adhering to the prescribed treatment regimen, avoiding medications that may have an adverse interaction with such opioid, and storing such opioid safely and securely;

(B) highlights multimodal and evidence-based non-opioid alternatives for pain management;

(C) encourages such individuals to talk to their health care providers about such alternatives;

(D) provides for a method (through signature or otherwise) for such an individual, or person acting on such individual's behalf, to acknowledge receipt of such notification template;

(E) is worded in an easily understandable manner and made available in multiple languages determined appropriate by the Secretary; and

(F) includes any other information determined appropriate by the Secretary.

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

(A) ways for such hospital to establish target levels, taking into account the specialties of such practitioners and the geographic area in which such hospital is located, with respect to opioids prescribed by such practitioners;

(B) guidance on checking the medical records of such individuals against information included in prescription drug monitoring programs;

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

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

(6) Other information the Secretary determines appropriate, including any such information from the Opioid Safety Initiative established by the Department of Veterans Affairs or the Opioid Overdose Prevention Toolkit published by the Substance Abuse and Mental Health Services Administration.

SEC. 3. REQUIRING THE REVIEW OF QUALITY MEASURES RELATING TO OPIOIDS AND OPIOID USE DISORDER TREATMENTS FURNISHED UNDER THE MEDICARE PROGRAM AND OTHER FEDERAL HEALTH CARE PROGRAMS.

(a) IN GENERAL.—Section 1890A of the Social Security Act (42 U.S.C. 1395aaa–1) is amended by adding at the end the following new subsection:

''(g) TECHNICAL EXPERT PANEL REVIEW OF OPIOID AND OPIOID USE DISORDER QUALITY MEASURES.—

''(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this subsection, the Secretary shall establish a technical expert panel for purposes of reviewing quality measures relating to opioids and opioid use disorders, including care, prevention, diagnosis, health outcomes, and treatment furnished to individuals with opioid use disorders. The Secretary may use the entity with a contract under section 1890(a) and amend such contract as necessary to provide for the establishment of such technical expert panel.

''(2) REVIEW AND ASSESSMENT.—Not later than 1 year after the date the technical expert panel described in paragraph (1) is established (and periodically thereafter as the Secretary determines appropriate), the technical expert panel shall—

''(A) review quality measures that relate to opioids and opioid use disorders, including existing measures and those under development;

''(B) identify gaps in areas of quality measurement that relate to opioids and opioid use disorders, and identify measure development priorities for such measure gaps; and

''(C) make recommendations to the Secretary on quality measures with respect to opioids and opioid use disorders for purposes of improving care, prevention, diagnosis, health outcomes, and treatment, including recommendations for revisions of such measures, need for development of new measures, and recommendations for including such

measures in the Merit-Based Incentive Payment System under section 1848(q), the alternative payment models under section 1833(z)(3)(C), the shared savings program under section 1899, the quality reporting requirements for inpatient hospitals under section 1886(b)(3)(B)(viii), and the hospital value-based purchasing program under section 1886(o).

''(3) CONSIDERATION OF MEASURES BY SECRETARY.—The Secretary shall consider—

''(A) using opioid and opioid use disorder measures (including measures used under the Merit-Based Incentive Payment System under section 1848(q), measures recommended under paragraph (2)(C), and other such measures identified by the Secretary) in alternative payment models under section 1833(z)(3)(C) and in the shared savings program under section 1899; and

''(B) using opioid measures described in subparagraph (A), as applicable, in the quality reporting requirements for inpatient hospitals under section 1886(b)(3)(B)(viii),and in the hospital value-based purchasing program under section 1886(o).

''(4) PRIORITIZATION OF MEASURE DEVELOPMENT.—The Secretary shall prioritize for measure development the gaps in quality measures identified under paragraph (2)(B).''.

(b) EXPEDITED ENDORSEMENT PROCESS FOR OPIOID MEASURES.—Section 1890(b)(2) of the Social Security Act (42 U.S.C. 1395aaa(b)(2)) is amended by adding at the end the following new flush sentence:

''Such endorsement process shall, as determined practicable by the entity, provide for an expedited process with respect to the endorsement of such measures relating to opioids and opioid use disorders.''.

SEC. 4. TECHNICAL EXPERT PANEL ON REDUCING SURGICAL SETTING OPIOID USE; DATA COLLECTION ON PERIOPERATIVE OPIOID USE.

(a) TECHNICAL EXPERT PANEL ON REDUCING SURGICAL SETTING OPIOID USE.—

(1) IN GENERAL.—Not later than 6 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall convene a technical expert panel, including medical and surgical specialty societies and hospital organizations, to provide recommendations on reducing opioid use in the inpatient and outpatient surgical settings and on best practices for pain management, including with respect to the following:

(A) Approaches that limit patient exposure to opioids during the perioperative period, including pre-surgical and post-surgical injections, and that identify such patients at risk of opioid use disorder pre-operation.

(B) Shared decision making with patients and families on pain management, including recommendations for the development of an evaluation and management code for purposes of payment under the Medicare program under title XVIII of the Social Security Act that would account for time spent on shared decision making.

(C) Education on the safe use, storage, and disposal of opioids.

(D) Prevention of opioid misuse and abuse after discharge.

(E) Development of a clinical algorithm to identify and treat at-risk, opiate-tolerant patients and reduce reliance on opioids for acute pain during the perioperative period.

(2) REPORT.—Not later than 1 year after the date of the enactment of this Act, the Secretary shall submit to Congress and make public a report containing the recommendations developed under paragraph (1) and an action plan for broader implementation of pain management protocols that limit the use of opioids in the perioperative setting and upon discharge from such setting.

(b) DATA COLLECTION ON PERIOPERATIVE OPIOID USE.—Not later than 1 year after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report that contains the following:

(1) The diagnosis-related group codes identified by the Secretary as having the highest volume of surgeries.

(2) With respect to each of such diagnosis-related group codes so identified, a determination by the Secretary of the data that is both available and reported on opioid use following such surgeries, such as with respect to—

(A) surgical volumes, practices, and opioid prescribing patterns;

(B) opioid consumption, including—

(i) perioperative days of therapy;

(ii) average daily dose at the hospital, including dosage greater than 90 milligram morphine equivalent;

(iii) post-discharge prescriptions and other combination drugs that are used before intervention and after intervention;

(iv) quantity and duration of opioid prescription at discharge; and

(v) quantity consumed and number of refills;

(C) regional anesthesia and analgesia practices, including pre-surgical and post-surgical injections;

(D) naloxone reversal;

(E) post-operative respiratory failure;

(F) information about storage and disposal; and

(G) such other information as the Secretary may specify.

(3) Recommendations for improving data collection on perioperative opioid use, including an analysis to identify and reduce barriers to collecting, reporting, and analyzing the data described in paragraph (2), including barriers related to technological availability.

SEC. 5. REQUIRING THE POSTING AND PERIODIC UPDATE OF OPIOID PRESCRIBING GUIDANCE FOR MEDICARE BENEFICIARIES.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall post on the public website of the Centers for Medicare & Medicaid Services all guidance published by the Department of Health and Human Services on or after January 1, 2016, relating to the prescribing of opioids and applicable to opioid prescriptions for individuals entitled to benefits under part A of title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.) or enrolled under part B of such title of such Act (42 U.S.C. 1395j et seq.).

(b) UPDATE OF GUIDANCE.—

(1) PERIODIC UPDATE.—The Secretary shall, in consultation with the entities specified in paragraph (2), periodically (as determined appropriate by the Secretary) update guidance described in subsection (a) and revise the posting of such guidance on the website described in such subsection.

(2) CONSULTATION.—The entities specified in this paragraph are the following:

(A) Medical professional organizations.

(B) Providers and suppliers of services (as such terms are defined in section 1861 of the Social Security Act (42 U.S.C. 1395x)).

(C) Health care consumers or groups representing such consumers.

(D) Other entities determined appropriate by the Secretary.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Indiana (Mrs. WALORSKI) and the gentlewoman from California (Ms. JUDY CHU) each will control 20 minutes.

The Chair recognizes the gentlewoman from Indiana.

GENERAL LEAVE

Mrs. WALORSKI. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 5744, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Indiana?

There was no objection.

Mrs. WALORSKI. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in strong support of H.R. 5774, the Combating Opioid Abuse for Care in Hospitals Act of 2018, or COACH Act. We have learned that, across the continuum of care, screening for opioid abuse disorder and education for patients and providers is necessary to help eradicate this epidemic.

This legislation includes efforts to develop quality measures related to the treatment of individuals with opioid use disorder, to improve and publicize guidance on opioid prescribing, and to develop expert recommendations on reducing the use of opioids in the surgical setting. These provisions, championed by Representatives PAULSEN, DANNY DAVIS, HIGGINS, BUCHANAN, LAMB, and JASON SMITH, will help improve education for providers and patients to better ensure prevention and care of individuals with opioid use disorder.

The COACH Act also includes H.R. 5699, the Hospital Opioid Solutions Toolkit, which Representative CURBELO introduced with Congresswoman KUSTER. The toolkit, to be made available by the Centers for Medicare and Medicaid Services, or CMS, in consultation with relevant stakeholders, will contain resources that hospitals can use to ensure the best practices are being utilized for educating patients and providers about treatment for pain management, including the development of a notification template for hospital staff to better inform patients prescribed opioids of potential risks.

I am thankful for all the hard work on this legislation by Members of both sides of the aisle, especially Representatives CURBELO, DELBENE, BUDD, and KUSTER.

I would also like to thank Chairman BRADY for his leadership, as well as the House Committee on Ways and Means' staff for their efforts.

Mr. Speaker, I encourage all of my colleagues to vote in favor of H.R. 5774, the Combating Opioid Abuse for Care in Hospitals Act of 2018. This is an issue that affects every congressional district. It is imperative that we find solutions that get people into treatment and prevent opioid abuse on the front end.

Mr. Speaker, I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, June 8, 2018.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN WALDEN: I write to you regarding several opioid bills the Committee on Ways and Means ordered favorably reported to address the opioid epidemic. The following bills were also referred to the Committee on Energy and Commerce.

I ask that the Committee on Energy and Commerce waive formal consideration of the following bills so that they may proceed expeditiously to the House Floor:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

H.R. 5776, Medicare and Opioid Safe Treatment (MOST) Act;

H.R. 5773, Preventing Addition for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I acknowledge that by waiving formal consideration of the bills, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within your Rule X jurisdiction. I would support your effort to seek appointment of an appropriate number of conferees on any House-Senate conference involving this legislation.

I will include a copy of our letters in the Congressional Record during consideration of this legislation on the House floor.

Sincerely,

KEVIN BRADY,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 8, 2018.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means, Washington, DC.

DEAR CHAIRMAN BRADY: Thank you for your letter regarding the following bills, which were also referred to the Committee on Energy and Commerce:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

H.R. 5776, Medicare and Opioid Safe Treatment (MOST) Act;

H.R. 5773, Preventing Addition for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I wanted to notify you that the Committee will forgo action on these bills so that they may proceed expeditiously to the House floor.

I appreciate your acknowledgment that by forgoing formal consideration of these bills, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within its Rule X jurisdiction. I also appreciate your offer to support the Committee's request for the appointment of conferees in the event of a House-Senate conference involving this legislation.

Thank you for your assistance on this matter.

Sincerely,

GREG WALDEN,
Chairman.

Ms. JUDY CHU of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I offer my support for H.R. 5774, the COACH Act, which was introduced by Congress Members DELBENE and CURBELO.

This bill focuses specifically on provider education and would require the Centers for Medicare and Medicaid Services to develop a toolkit that provides best practices to hospitals for reducing opioid use.

Every year, approximately 51 million Americans undergo inpatient surgery each year, and 80 percent of those patients receive opioids to treat post-surgical pain after a low-risk surgery. This is an alarming number, as studies have found that an opioid prescription at discharge is an independent risk factor for chronic opioid use. In fact, according to the National Institute on Drug Abuse, approximately 10 percent of patients who are prescribed opioids for long-term use develop an opioid use disorder.

This was the case with my constituent Ryan Hampton, who was a promising young college student when he broke his knee in a hiking accident and received an opioid prescription at discharge. Ryan fell hard into addiction, eventually turning to heroin and becoming homeless.

While Ryan has beaten the odds and is now a national advocate for those in recovery from addiction, many are not so lucky. So it is with people like Ryan in mind that I support this bill today.

We should be giving our providers every tool possible to help them battle the opioid crisis and, hopefully, change behavior in such a way as to limit unnecessary opioid prescriptions.

In my district, the Los Angeles County Department of Public Health, Substance Abuse Prevention and Control program has worked with hospitals, plans, cities and providers to develop a 5-year strategic plan to address the opioid crisis in our country.

We know that not every hospital has the resources or ability to develop such a plan. By providing a centralized toolkit available to all hospitals, under-resourced providers will have the best access to best practices that have helped communities combat the opioid epidemic.

With so many individuals first experiencing opioids via a hospital procedure, it is critical that we give our providers every resource they need to make the best medical decisions for their patients while reducing the number of opioid prescriptions overall.

I urge my colleagues to support this bill, and I yield back the balance of my time.

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Mrs. WALORSKI. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, in closing, I want to remind my colleagues why it is so important that we continue working to solve this crisis.

Thousands of lives have already been lost because of opioid-related drug overdoses. Tragically, Indiana has been hit especially hard by this crisis. This is a public health emergency, and our response must be comprehensive and swift.

I am proud of the COACH Act, bipartisan legislation that would help prevent opioid misuse and reduced dependence on opioids for pain management.

Mr. Speaker, I urge all of my colleagues to support it, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Indiana (Mrs. WALORSKI) that the House suspend the rules and pass the bill, H.R. 5774, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

PROVIDING RELIABLE OPTIONS FOR PATIENTS AND EDUCATIONAL RESOURCES ACT OF 2018

Mr. CURBELO of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5775) to amend title XVIII of the Social Security Act to require Medicare Advantage plans and part D prescription drug plans to include information on the risks associated with opioids, coverage of certain nonopioid treatments used to treat pain, and on the safe disposal of prescription drugs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5775

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Providing Reliable Options for Patients and Educational Resources Act of 2018'' or the ''PROPER Act of 2018''.

SEC. 2. REQUIRING MEDICARE ADVANTAGE PLANS AND PART D PRESCRIPTION DRUG PLANS TO INCLUDE INFORMATION ON RISKS ASSOCIATED WITH OPIOIDS AND COVERAGE OF NONPHARMACOLOGICAL THERAPIES AND NONOPIOID MEDICATIONS OR DEVICES USED TO TREAT PAIN.

Section 1860D–4(a)(1) of the Social Security Act (42 U.S.C. 1395w–104(a)(1)) is amended—

(1) in subparagraph (A), by inserting '', subject to subparagraph (C),'' before ''including'';

(2) in subparagraph (B), by adding at the end the following new clause:

''(vi) For plan year 2021 and each subsequent plan year, subject to subparagraph (C), with respect to the treatment of pain—

''(I) the risks associated with prolonged opioid use; and

''(II) coverage of nonpharmacological therapies, devices, and nonopioid medications—

''(aa) in the case of an MA-PD plan under part C, under such plan; and