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.

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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;

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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

''(bb) in the case of a prescription drug plan, under such plan and under parts A and B.''; and

(3) by adding at the end the following new subparagraph:

''(C) TARGETED PROVISION OF INFORMATION.—A PDP sponsor of a prescription drug plan may, in lieu of disclosing the information described in subparagraph (B)(vi) to each enrollee under the plan, disclose such information through mail or electronic communications to a subset of enrollees under the plan, such as enrollees who have been prescribed an opioid in the previous two-year period.''.

SEC. 3. REQUIRING MEDICARE ADVANTAGE PLANS AND PRESCRIPTION DRUG PLANS TO PROVIDE INFORMATION ON THE SAFE DISPOSAL OF PRESCRIPTION DRUGS.

(a) MEDICARE ADVANTAGE.—Section 1852 of the Social Security Act (42 U.S.C. 1395w–22) is amended by adding at the end the following new subsection:

''(n) PROVISION OF INFORMATION RELATING TO THE SAFE DISPOSAL OF CERTAIN PRESCRIPTION DRUGS.—

''(1) IN GENERAL.—In the case of an individual enrolled under an MA or MA-PD plan who is furnished an in-home health risk assessment on or after January 1, 2021, such plan shall ensure that such assessment includes information on the safe disposal of prescription drugs that are controlled substances that meets the criteria established under paragraph (2). Such information shall include information on drug takeback programs that meet such requirements determined appropriate by the Secretary and information on in-home disposal.

''(2) CRITERIA.—The Secretary shall, through rulemaking, establish criteria the Secretary determines appropriate with respect to information provided to an individual to ensure that such information sufficiently educates such individual on the safe disposal of prescription drugs that are controlled substances.''.

(b) PRESCRIPTION DRUG PLANS.—Section 1860D–4(c)(2)(B) of the Social Security Act (42 U.S.C. 1395w–104(c)(2)(B)) is amended—

(1) by striking ''may include elements that promote'';

(2) by redesignating clauses (i) through (iii) as subclauses (I) through (III) and adjusting the margins accordingly;

(3) by inserting before subclause (I), as so redesignated, the following new clause:

''(i) may include elements that promote—'';

(4) in subclause (III), as so redesignated, by striking the period at the end and inserting ''; and''; and

(5) by adding at the end the following new clause:

''(ii) with respect to plan years beginning on or after January 1, 2021, shall provide for—

''(I) the provision of information to the enrollee on the safe disposal of prescription drugs that are controlled substances that meets the criteria established under section 1852(n)(2), including information on drug takeback programs that meet such requirements determined appropriate by the Secretary and information on in-home disposal; and

''(II) cost-effective means by which an enrollee may so safely dispose of such drugs.''.

SEC. 4. REVISING MEASURES USED UNDER THE HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS SURVEY RELATING TO PAIN MANAGEMENT.

(a) RESTRICTION ON THE USE OF PAIN QUESTIONS IN HCAHPS.—Section 1886(b)(3)(B)(viii) of the Social Security Act (42 U.S.C. 1395ww(b)(3)(B)(viii)) is amended by adding at the end the following new subclause:

''(XII)(aa) With respect to a Hospital Consumer Assessment of Healthcare Providers and Systems survey (or a successor survey) conducted on or after January 1, 2019, such survey may not include questions about communication by hospital staff with an individual about such individual's pain unless such questions take into account, as applicable, whether an individual experiencing pain was informed about risks associated with the use of opioids and about non-opioid alternatives for the treatment of pain.

''(bb) The Secretary shall not include on the Hospital Compare Internet website any measures based on the questions appearing on the Hospital Consumer Assessment of Healthcare Providers and Systems survey in 2018 about communication by hospital staff with an individual about such individual's pain.''.

(b) RESTRICTION ON USE OF 2018 PAIN QUESTIONS IN THE HOSPITAL VALUE-BASED PURCHASING PROGRAM.—Section 1886(o)(2)(B) of the Social Security Act (42 U.S.C. 1395ww(o)(2)(B)) is amended by adding at the end the following new clause:

''(iii) HCAHPS PAIN QUESTIONS.—The Secretary may not include under subparagraph (A) a measure that is based on the questions appearing on the Hospital Consumer Assessment of Healthcare Providers and Systems survey in 2018 about communication by hospital staff with an individual about the individual's pain.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. CURBELO) and the gentlewoman from California (Ms. JUDY CHU) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. CURBELO of Florida. 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. 5775, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. CURBELO of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I stand today in strong support of H.R. 5775, the Providing Reliable Options for Patients and Educational Resources Act, or the PROPER Act.

This is a bipartisan bill centered on increasing educational resources for Medicare beneficiaries and improving pain-related questions contained in patient satisfaction surveys.

H.R. 5775, introduced by my colleagues ERIK PAULSEN, RON KIND, BRIAN FITZPATRICK, BRUCE POLIQUIN, and CONOR LAMB, contain several bills to combat the opioid crisis, including H.R. 5686, the Medicare CHOICE Act; H.R. 5714, the Education for Disposal of Unused Opioids Act; and H.R. 5719, the Reduce Overprescribing Opioids in Treatment, or ROOT Act.

Unfortunately, my home State of Florida has seen a dramatic increase in opioid-related overdose deaths in the past several years. Every year, thousands of Floridians become addicted and lose their lives to opioid addiction.

Effective alternatives to opioids, such as physical therapy and medical devices exist, and in most instances are covered by Medicare.

However, many seniors and providers simply aren't aware of the coverage options. Education is a key tool for seniors to make informed decisions about their healthcare.

For this reason, the Ways and Means Committee sprang into action and passed H.R. 5775 unanimously. This bill contains provisions authored by my colleagues ERIK PAULSEN and RON KIND to inform seniors about alternative nonaddictive pain management therapies covered by Medicare.

This bill also includes a provision led by my colleagues DIANE BLACK, JOE CROWLEY, RICHARD HUDSON, and RAUL RUIZ to educate seniors on safe disposal of unused controlled substances.

Lastly, this bill includes another provision led by DIANE BLACK and TOM O'HALLERAN requiring the Secretary of Health and Human Services to remove all pain-related questions contained in Medicare's hospital patient surveys unless the individual experiencing the pain is also informed about the risks associated with the use of opioids and given information on nonopioid alternatives for the treatment of pain.

Madam Speaker, I want to thank my colleagues for their strong bipartisan work. This bill will make a difference in addressing the opioid epidemic that continues to devastate many Americans and their families.

Madam Speaker, I reserve the balance of my time.

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COMMITTEE ON WAYS AND MEANS,
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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,
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Thank you for your assistance on this matter.

Sincerely,

GREG WALDEN,
Chairman.

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

Madam Speaker, I offer my support of H.R. 5775, the PROPER Act. This bill, introduced by my colleagues Representatives PAULSEN and KIND, would require Medicare Advantage and Medicare part D plans to provide information to beneficiaries on the risks associated with prolonged opioid use, as well as coverage information about alternatives, like nonpharmacological therapies, devices, and nonopioid medications.

It is important to ensure that our providers in hospitals and outpatient settings have up-to-date and accurate information about opioid use. But it is equally critical that this information is provided to beneficiaries.

Additionally, providing information on coverage of alternative therapies could help beneficiaries who may want to try a nonopioid pain management therapy to do so, thus avoiding a prescription where it may not be necessary.

This bill also requires that by January 1, 2019, all pain-related questions be removed from the hospital consumer assessment of healthcare providers and systems survey, with some exceptions.

If hospitals are graded on how much pain patients are feeling, they likely would seek to minimize the patient's pain through pain management drugs like opioids.

In order to properly address this crisis in the Medicare program, we must ensure that beneficiaries have the information necessary to make informed decisions about their pain management plan.

Madam Speaker, just as we are working to improve provider education, we must not leave our Medicare beneficiaries behind.

I support this bill because it would ensure that Medicare Advantage and Medicare part D plans provide their beneficiaries with information on the risks of prolonged opioid use, as well as information about coverage for alternatives for pain management.

Earlier in this debate, I mentioned a woman who testified that although she was experiencing severe back pain, she did not want to risk taking addictive pain medication and instead turned to acupuncture. It worked for her, and she told me that because of her acupuncture treatment, she was able to live pain free.

Now, this is not to say that every alternative will work for every patient, but we should give patients the ability to choose their own pain management therapy. I believe H.R. 5775 is an important step toward this goal.

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

Mr. CURBELO of Florida. Madam Speaker, the PROPER Act will bring much needed education to our seniors.

This bill was brought through the committee process in a bipartisan fashion, and now on the floor I strongly urge my colleagues on both sides of the aisle to vote in favor of H.R. 5775, the PROPER Act.

This is another example of how Republicans and Democrats can come together, can work together, to help struggling families in our country, and in this case seniors, who should be aware of all the different options that are available to them for pain treatment and should certainly be aware of the many risks associated with opioid use.

Madam Speaker, I am grateful to all my colleagues and to committee staff for all their work on this legislation, and I strongly encourage everyone to support it, and I yield back the balance of my time.

The SPEAKER pro tempore (Ms. TENNEY). The question is on the motion offered by the gentleman from Florida (Mr. CURBELO) that the House suspend the rules and pass the bill, H.R. 5775, 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.

PREVENTING ADDICTION FOR SUSCEPTIBLE SENIORS ACT OF 2018

Mr. ROSKAM. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 5773) to amend title XVIII of the Social Security Act to require Medicare prescription drug plans to establish drug management programs for at-risk beneficiaries, require electronic prior authorization for covered part D drugs, and to provide for other program integrity measures under parts C and D of the Medicare program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5773

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 ''Preventing Addiction for Susceptible Seniors Act of 2018'' or the ''PASS Act of 2018''.

SEC. 2. ELECTRONIC PRIOR AUTHORIZATION FOR COVERED PART D DRUGS.

(a) INCLUSION IN ELECTRONIC PRESCRIPTION PROGRAM.—Section 1860D–4(e)(2) of the Social Security Act (42 U.S.C. 1395w–104(e)(2)) is amended by adding at the end the following new subparagraph:

''(E) ELECTRONIC PRIOR AUTHORIZATION.—

''(i) IN GENERAL.—Not later than January 1, 2021, the program shall provide for the secure electronic transmission of—

''(I) a prior authorization request from the prescribing health care professional for coverage of a covered part D drug for a part D eligible individual enrolled in a part D plan (as defined in section 1860D–23(a)(5)) to the PDP sponsor or Medicare Advantage organization offering such plan; and

''(II) a response, in accordance with this subparagraph, from such PDP sponsor or Medicare Advantage organization, respectively, to such professional.

''(ii) ELECTRONIC TRANSMISSION.—

''(I) EXCLUSIONS.—For purposes of this subparagraph, a facsimile, a proprietary payer portal that does not meet standards specified by the Secretary, or an electronic form shall not be treated as an electronic transmission described in clause (i).

''(II) STANDARDS.—In order to be treated, for purposes of this subparagraph, as an electronic transmission described in clause (i), such transmission shall comply with technical standards adopted by the Secretary in consultation with the National Council for Prescription Drug Programs, other standard setting organizations determined appropriate by the Secretary, and stakeholders including PDP sponsors, Medicare Advantage organizations, health care professionals, and health information technology software vendors.

''(III) APPLICATION.—Notwithstanding any other provision of law, for purposes of this subparagraph, the Secretary may require the use of such standards adopted under subclause (II) in lieu of any other applicable standards for an electronic transmission described in clause (i) for a covered part D drug for a part D eligible individual.''.

(b) SENSE OF CONGRESS REGARDING ELECTRONIC PRIOR AUTHORIZATION.—It is the sense of the Congress that—

(1) there should be increased use of electronic prior authorizations for coverage of covered part D drugs for part D eligible individuals enrolled in prescription drug plans under part D of title XVIII of the Social Security Act and MA–PD plans under part C of such title to reduce access delays by resolving coverage issues before prescriptions for such drugs are transmitted; and

(2) greater priority should be placed on increasing the adoption of use of such electronic prior authorizations among prescribers of such drugs, pharmacies, PDP sponsors, and Medicare Advantage organizations.