

115TH CONGRESS
2D SESSION

H. R. 5718

To provide for a technical expert panel to provide recommendations on reducing opioid use in the surgical setting and on best practices for pain management, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 9, 2018

Mr. SMITH of Missouri (for himself and Mr. HIGGINS of New York) 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 provide for a technical expert panel to provide recommendations on reducing opioid use in the surgical setting and on best practices for pain management, 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Perioperative Reduc-
5 tion of Opioids Act” or the “PRO Act”.

1 **SEC. 2. TECHNICAL EXPERT PANEL ON REDUCING SUR-**
2 **GICAL SETTING OPIOID USE; DATA COLLEC-**
3 **TION ON PERIOPERATIVE OPIOID USE.**

4 (a) TECHNICAL EXPERT PANEL ON REDUCING SUR-
5 GICAL SETTING OPIOID USE.—

6 (1) IN GENERAL.—Not later than 6 months
7 after the date of the enactment of this Act, the Sec-
8 retary of Health and Human Services shall convene
9 a technical expert panel, including medical and sur-
10 gical specialty societies, to provide recommendations
11 on reducing opioid use in the inpatient and out-
12 patient surgical settings and on best practices for
13 pain management, including with respect to the fol-
14 lowing:

15 (A) Approaches that limit patient exposure
16 to opioids during the perioperative period, in-
17 cluding pre-surgical and post-surgical injec-
18 tions.

19 (B) Shared decisionmaking with patients
20 and families on pain management, including
21 recommendations for the development of an
22 evaluation and management code for purposes
23 of payment under the Medicare program under
24 title XVIII of the Social Security Act that
25 would account for time spent on shared deci-
26 sionmaking.

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

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

5 (E) Development of a clinical algorithm to
6 treat opiate tolerant patients and reduce reli-
7 ance on opiates for acute pain during the
8 perioperative period.

9 (2) REPORT.—Not later than 1 year after the
10 date of the enactment of this Act, the Secretary
11 shall submit to Congress and make public a report
12 containing the recommendations developed under
13 paragraph (1) and recommendations for broader im-
14 plementation of pain management protocols that
15 limit the use of opioids in the perioperative setting
16 and upon discharge from such setting.

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

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

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

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

8 (B) opioid consumption, including—

9 (i) perioperative days of therapy;

10 (ii) average daily dose at hospital, in-
11 cluding high dosage greater than 90 milli-
12 gram morphine equivalent;

13 (iii) post-discharge prescriptions and
14 other combination drugs that are used be-
15 fore intervention and after intervention;

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

18 (v) quantity consumed and number of
19 refills;

20 (C) regional anesthesia and analgesia prac-
21 tices, including pre-surgical and post-surgical
22 injections;

23 (D) naloxone reversal;

24 (E) post-operative respiratory failure;

1 (F) information about storage and dis-
2 posal; and

3 (G) such other information as the Sec-
4 retary may specify.

5 (3) Recommendations for improving data collec-
6 tion on perioperative opioid use, including an anal-
7 ysis to identify barriers to collecting, reporting, and
8 analyzing the data described in paragraph (2), in-
9 cluding barriers related to technological availability.

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