

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.

○