

## ASCA Issue Brief – SUPPORT for Patients and Communities Act

On September 25, Congress announced a [final legislative agreement](#) on the **Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act** (HR 6). This bill combines US House of Representatives (House) and US Senate legislation and includes policy related to Medicaid, Medicare, telehealth, the Federal Drug Administration, research programs, community health services and health information technology, among other issues. (The House passed HR 6 on September 28; the Senate passed HR 6 October 3.)

A key provision, known as the *Dr. Todd Graham Pain Management, Treatment, and Recovery Act of 2018*, **directs the US Department of Health and Human Services (HHS) to review and adjust payments under the Medicare Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgery Center (ASC) Payment System to “avoid financial incentives to use opioids instead of non-opioid alternative treatments.”** If necessary, HHS will revise payments through rulemaking.

The following Medicare provisions are relevant to the ASC sector:

<b>Medicare Opioid Safety</b>
<ul style="list-style-type: none"><li>HHS will establish an action plan, with subsequent reports to Congress, on recommendations for changes under Medicare and Medicaid to prevent opioids addictions and enhance access to medication-assisted treatment.</li></ul>
<b>Electronic Prior Authorization for Covered Part D Drugs</b>
<ul style="list-style-type: none"><li>HHS will establish a standard, secure electronic prior authorization system for prescribing Medicare Part D drugs no later than January 1, 2021.</li></ul>
<b>Medicare Payment Advisory Commission (MedPAC) Report</b>
<ul style="list-style-type: none"><li>MedPAC will submit a report to Congress on: (1) how Medicare pays for pain management treatments in inpatient and outpatient hospital settings; (2) current incentives for prescribing opioid and non-opioid treatments under Medicare inpatient and outpatient prospective payment systems; and (3) how opioid use data is tracked and monitored through Medicare claims data.</li></ul>
<b>Dr. Todd Graham Pain Management Study</b>
<ul style="list-style-type: none"><li>HHS, in consultation with stakeholders, will submit a report to Congress on how to improve reimbursement and coverage for multi-disciplinary, evidence-based non-opioid chronic pain management.</li></ul>
<b>Review of Quality Measures Relating to Opioids</b>
<ul style="list-style-type: none"><li>Within six months, HHS will convene a Technical Expert Panel (TEP) to review quality measures related to opioids and opioid use disorders. The TEP will: (1) review existing measures; (2) identify gaps in quality measurement and prioritize development in gap areas; and (3) make recommendations regarding revisions of existing measures, development of new measures and recommendations for inclusion of such measures in value-based payment programs.</li></ul>
<b>Reducing Opioid Use in Surgical Settings</b>
<ul style="list-style-type: none"><li>Within six months, HHS will convene a TEP consisting of medical and surgical specialty societies and hospital organizations to recommend best practices for pain management in surgical settings. HHS must issue a public report within one year.</li></ul>
<b>Updates to Opioid Prescribing Guidance</b>
<ul style="list-style-type: none"><li>Within six months, CMS will post online all opioid prescribing guidance published after January 1, 2016, applicable to Medicare beneficiaries.</li></ul>

**NOTE:** Originally passed in House opioid legislation, language to freeze certain pain management codes at their 2016 reimbursement rate and establish separate reimbursement for non-opioid analgesics **was not included** in the final agreement. (The latter was included in CMS’ 2019 proposed ASC payment system update.)