# The *Promoting Responsible Opioid Prescribing (PROP) Act*

## U.S. Representative Alex Mooney (WV-02)

**Overview:** Overuse of narcotic pain medicine is one of the leading causes of opioid addiction. In fact, a 2014 survey of 420 members of the American Medical Association found that 85% of those surveyed believe that prescription drugs are overused in clinical practice. Additionally, the number of prescriptions for opioids soared from 76 million in 1991 to nearly 207 million in 2013.[1]

The bipartisan *Promoting Responsible Opioid Prescribing (PROP) Act* strikes a harmful provision of the Affordable Care Act (ACA) that places undue pressure on doctors and hospitals to prescribe narcotic pain medicine.

**Background:** In 2006, the Centers for Medicare and Medicaid Services (CMS) and the Department of Health and Human Services (HHS) developed a survey called "Hospital Consumer Survey of Healthcare Providers and Systems" (HCAHPS).[2] HCAHPS is a standardized survey used to measure patient perspectives and satisfaction on the care they receive in hospital settings.

At first, hospitals used HCAHPS on an optional basis. However, when the ACA became law in 2010 it put in place "pay for performance" provisions that use these survey results to calculate Medicare reimbursement rates for physicians and hospitals that perform poorly on "quality measures."

This provision of the ACA was intended to save money and to better hospital performance. However, it has led to unintended consequences in the area of pain management.

The HCAHPS survey contains 3 questions on pain management:[3]

1. During this hospital stay, did you need medicine for pain?
2. During this hospital stay, how often was your pain *well controlled*?
3. During this hospital stay, how often did the hospital staff do *everything* they could to help you with your pain?

Because of the tie to reimbursement, hospitals and physicians are pressured to perform well on the HCAHPS, including the pain management questions. However, doctors, not the federal government, know best how to treat patients, whether that is by using narcotic pain medicine or not.

The *PROP Act* would remove these pain management questions from consideration when CMS is conducting reimbursement analysis. Therefore, the patient would still answer the pain management questions in their HCAHPS survey so that hospitals are able to monitor patient satisfaction, but performance on these questions would no longer be linked to Medicare reimbursement. The remaining HCAHPS questions would continue to be tied to reimbursement.

By severing the relationship between the HCAHPS questions on pain management and reimbursement, doctors will be relieved of the undue pressure to prescribe opioid narcotics. Instead, doctors will be given back the freedom to treat patients as they see fit based on their expert opinions. This simple change will help reduce access to narcotic pain medication for patients who do not need it, thereby reducing the risk of addiction.

**Bipartisan Original Cosponsors:** Annie Kuster (D-NH), Hal Rogers (R-KY), Stephen Lynch (D-MA), Frank Guinta (R-NH), Tim Ryan (D-OH), and Barbara Comstock (R-VA).

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[1] "America's Addiction to Opioids: Heroin and Prescription Drug Abuse," by Nora D. Volkow, M.D, National Institute on Drug Abuse, 14 May 2014, http://goo.gl/JEafoV

[2] http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/HospitalHCAHPSFactSheet201007.pdf

[3] http://www.hcahpsonline.org/files/HCAHPS%20V9.0%20Appendix%20A%20-%20Mail%20Survey%20Materials%20(English)%20March%202014.pdf

**Outside Endorsements:** American Medical Association, American Society of Addiction Medicine, American Osteopathic Association, Hazelden Betty Ford Foundation, Friends of NIDA.