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 incentive payments for hospitals that perform well and reductions in payment for hospitals that perform poorly.

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 payment, 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 payment 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 payment. The remaining HCAHPS questions would continue to be tied to payment.

By severing the relationship between the HCAHPS questions on pain management and payment, 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.

Cosponsors: Kuster, Rogers (KY), Lynch, Guinta, Ryan (OH), Comstock, Walberg, Carter (GA), Jenkins (WV), McKinley, Rooney, Roe, Black, Tonko, Dold, Rice, Knight, Abraham, Chabot, Clark, Moulton.

Endorsements: American Medical Association, American Hospital Association, American Society of Addiction Medicine, American Academy of Neurology, American Osteopathic Association, Physicians for Responsible Opioid Prescribing, Hazelden Betty Ford Foundation, Friends of NIDA, American Association of Orthopaedic Surgeons.

Congressional Caucus on Prescription Drug Abuse and the Bipartisan Task Force to Combat the Heroin Epidemic.

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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