

**Expand Access to Non-Opioid Options:
Become a Cosponsor of the Bipartisan *Non-Opioids Prevent Addiction in the Nation (NOPAIN)*
Act**

Reps. Terri A. Sewell and David B. McKinley, P.E.

Dear Colleague,

We invite you to be a cosponsor of the NOPAIN Act, our bipartisan bill designed to address payment disincentives for the utilization of non-opioid alternatives, particularly during and after surgery.

As too many of our constituents are painfully aware, the United States is facing a public health crisis caused by prescription drug addiction. According to [the Centers for Disease Control and Prevention \(CDC\)](#), opioids are the main driver of drug overdose deaths accounting for 47,600 deaths in 2017. We are losing 130 of our fellow Americans every day to these overdoses. Additionally, the CDC [estimates](#) that the economic costs associated with prescription opioid misuse exceeds \$78 billion annually. These costs include those associated with healthcare, lost productivity, addiction treatment, and the judicial system.

Last year, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, was passed in the House with overwhelming bipartisan support and later signed into law. This law requires that CMS review payments under Medicare's Outpatient Prospective Payment System (OPPS) and ASC Payment System to ensure there aren't financial incentives for practitioners to use opioids over non-opioid pain management treatment. Yet, as we saw in the recently released OPPS rule, CMS has yet to act in the way Congress intended.

Research [shows](#) that patients receiving an opioid prescription after short-stay surgeries have a 44% increased risk of opioid use. One 2018 study [showed](#) that 12 percent of patients who had a soft tissue or orthopedic operation in the year prior reported that they had become addicted or dependent on opioids.

As Congress continues its work to build on the success of the SUPPORT Act, we should find additional ways to minimize the risks associated with opioid prescribing in the perioperative space. Non-opioid treatments and therapies can be successful in replacing, delaying, or reducing the use of opioids to treat post-surgical pain. We believe it is necessary for Congress to advance policies that remove disincentives for practitioners to provide patients with non-addictive treatments for perioperative pain. Unfortunately, current Medicare payment policies do not provide equal access to non-opioid pain management options in the surgical setting. CMS's decision not to act in the final OPPS rule demonstrates that additional Congressional action is needed.

That is why we are introducing the *NOPAIN Act*. Our bipartisan legislation would take that next step by requiring CMS to provide separate reimbursement in HOPD and ASC settings for clinically proven non-opioid treatment, including drugs, biologics, and medical devices.

The proposed reimbursement would place non-opioid treatments on par with other separately paid drugs and devices in Medicare Part B. This separate reimbursement would sunset after five years.

In addition, this legislation would require CMS to provide a report to Congress detailing what similar barriers might exist in Medicare for therapeutic approaches to acute pain. This report requires that the Secretary consult with relevant stakeholders and deliver the report to Congress one year after the bill's enactment.

Please join us in taking constructive and important action to address barriers to alternative pain management choices in the operating room, thereby helping stem the opioid epidemic across our country.

If you have any questions, or would like to cosponsor the bill, please contact Hillary Beard with Rep. Sewell at Hillary.Beard@mail.house.gov or Chris Buki with Rep. McKinley at Christopher.Buki@mail.house.gov.

Sincerely,

TERRI A. SEWELL

DAVID B. MCKINLEY, P.E.