



NON-OPIOIDS PREVENT ADDICTION IN THE NATION ACT (“NOPAIN Act”)

FREQUENTLY ASKED QUESTIONS

- Q:** *If enacted, how would the NOPAIN Act impact patient or provider access to prescription opioids?*
- A:** The NOPAIN Act does not do anything to limit patient or provider access to prescription opioids. The bill does not place any restrictions on medication use in any capacity, and leaves pain management and medication decisions entirely up to the provider and the patient. This is true for both acute and chronic pain patients.
- Q:** *Will the NOPAIN Act affect patients suffering from chronic pain by limiting their access to opioid medications?*
- A:** The NOPAIN Act would not change anything about the way chronic pain is treated. The legislation is designed to improve access to non-opioids only to manage acute pain, which is the temporary pain that presents after a specific incident, such as an injury or a surgical procedure. Right now, acute pain patients are often denied access to the wide range of available, non-addictive opioid alternatives. Fixing that problem – and giving these patients access to the non-opioid options that healthcare providers believe they should have – is the singular issue that the NOPAIN Act would address.
- Q:** *How would the NOPAIN Act propose to increase access to non-opioid options for acute pain patients?*
- A:** Current Medicare reimbursement policy creates an inadvertent disincentive for providers to utilize non-opioid pain management approaches as such approaches are deemed less economically attractive than generic opioids. The NOPAIN Act would fully incentivize the utilization of such approaches by directing the Centers for Medicare and Medicaid Services (CMS) to provide separate Medicare reimbursement for non-opioid treatments used to manage pain in both the hospital outpatient department (HOPD) and the ambulatory surgery center (ASC) settings.

Q: *What are the non-opioid approaches to pain management that would be made more accessible by the NOPAIN Act?*

A: The NOPAIN Act defines a “non-opioid treatment” as drugs, biologicals, or medical devices that have demonstrated the ability to replace or reduce opioid consumption in a clinical trial or through clinical data published in a peer-reviewed journal. Additionally, the NOPAIN Act requires a report to Congress on limitations, gaps, barriers to access, or deficits in Medicare coverage or reimbursement for therapeutic services (e.g. acupuncture, chiropractic services, psychological services, therapeutic massage, etc.) and recommendations for Congress or CMS to address any limitations identified.

Q: *Has the Congressional Budget Office (CBO) provide a cost estimate of the legislation?*

A: The legislation has not yet been reviewed by officials at CBO. However, the legislation is designed to be budget-neutral, meaning it will have a minimal budgetary impact.

Q: *How is the legislation budget-neutral?*

A: The legislation creates separate payments for non-opioid treatments, but requires CMS to make these payments in a budget-neutral fashion. CMS does so by making minor payment adjustments elsewhere in the Outpatient Prospective Payment System (OPPS), so that costs to Medicare do not increase.

Q: How can I get involved or lend my/my organization’s support?

A: We need your support to enact the NOPAIN Act and Members of Congress need to hear directly from voters who support the legislation. If you want to have your organization listed along with the growing list of official endorsers of the legislation (as seen here), please email us at (info@nonopioidchoices.org). If you’re an individual who wants to weigh in directly with your elected officials, click [here](#) to send a letter urging your Members of Congress to support the legislation.

Q: **Would the bill increase costs for Medicare beneficiaries?**

A: **No. Historically, when CMS has implemented separate payment for other drugs and devices, the agency has not increased cost for beneficiaries.**