

## **Expand Access to Non-Opioid Options by Supporting *The Non-Opioids Prevent Addiction in the Nation (NOPAIN) Act***

Under current law, hospitals receive the same payment from Medicare regardless of whether a physician prescribes an opioid, or a non-opioid. As a result, hospitals rely on opioids, which are typically dispensed by a pharmacy after discharge at little or no cost to the hospital.

The *Non-Opioids Prevent Addiction in the Nation (NOPAIN) Act* would change this policy by directing 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.

Under the legislation:

**Definition:** The Act defines a “non-opioid treatment” as drugs, biologicals, or medical devices that have demonstrated the ability to replace, reduce, or avoid opioid use or the quantity of opioids prescribed in a clinical trial or through data published in a peer-reviewed journal.

**Scope:** The Act would apply to treatments provided in all outpatient surgical settings.

**Drug and Biologic Reimbursement:** Reimbursement for qualifying drugs and biologics would be equivalent to the current Medicare Part B payment amount for other separately paid drugs and biologics – which is based on a percentage of the product’s Average Sales Price (ASP).

**Medical Device Reimbursement:** Reimbursement for qualifying devices would be similar to the amount paid by a hospital or ASC for a medical device under transitional “pass-through” status. This reimbursement would be implemented through the creation of new payment categories (APCs) for qualifying treatments.

**Duration:** Separate reimbursement would be available for five (5) years after the implementation of the Act.

**Report on Therapeutic Services:** This Act also directs the CMS Administrator to report to Congress on limitations, gaps, barriers to access, or deficits in Medicare coverage or reimbursement for therapeutic services. The report, to be submitted within one year of the bill’s enactment, will also include recommendations for Congress or CMS to address any limitations or barriers identified.