



## **Request for Information for the Development of a CMS Action Plan to Prevent Opioid Addiction and Enhance Access to Medication-Assisted Treatment**

**Agency/Office:** Department of Health and Human Services (HHS)  
Centers for Medicare & Medicaid Services (CMS)

**Type of Notice:** Request for Information (RFI)

**SUMMARY:** Section 6032 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (“SUPPORT Act”) directs the HHS Secretary, in collaboration with the HHS Pain Management Best Practices Inter-Agency Task Force (PMTF), to develop an Action Plan to “prevent opioids addictions and enhance access to medication-assisted treatment (MAT).” The Action Plan will include a review of Medicare and Medicaid payment and coverage policies for MAT and the treatment of acute and chronic pain, emphasizing treatment that minimizes the risk of opioid misuse and opioid use disorders (OUD). This Request for Information (RFI) seeks feedback from the public regarding ways for CMS to address the opioid crisis through the Action Plan.

**DATES:** *Comment Date:* To be assured consideration, comments must be received by 5 p.m. EDT on October 11, 2019.

**ADDRESSES:** Comments should be submitted electronically to [PainandSUDTreatment@cms.hhs.gov](mailto:PainandSUDTreatment@cms.hhs.gov).

Public comments will be posted on the CMS website [www.cms.gov](http://www.cms.gov) for viewing.

**FOR FURTHER INFORMATION CONTACT:** [PainandSUDTreatment@cms.hhs.gov](mailto:PainandSUDTreatment@cms.hhs.gov) with “RFI” in the subject line.

**CONTACT INFORMATION:** Please provide the name, organization, address, contact number, and email address of the commenter.

*Inspection of Public Comments:* All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We will post all comments received before the close of the comment period on the following website as soon as possible after they have been received: [www.cms.gov](http://www.cms.gov).

**BACKGROUND:** The Action Plan will be informed by CMS’s consultation with the PMTF, which published its Final Report in May 2019 [available here](#). CMS held a public meeting with the PMTF on June 26, 2019 to discuss the recommendations in the PMTF’s report as they relate to Medicare and Medicaid policies and the development of the Action Plan. A summary of that meeting is [available here](#). Section 6032 also requires the Action Plan be informed by stakeholders at a public meeting to be held September 20, 2019 at CMS’s Baltimore headquarters, and through feedback received through this RFI process.

The Action Plan builds on the “CMS Roadmap: Fighting the Opioid Crisis,” which outlines the Agency’s approach to preventing OUD and managing pain using a safe and effective range of options that rely less on prescription opioids, expanding access to treatment for OUD, and using data to target prevention efforts and identify fraud and abuse. The Roadmap is [available here](#).

Section 6032 of the SUPPORT Act clarifies that for its purposes, the definition of MAT “includes opioid treatment programs, behavioral therapy, and medications to treat substance abuse disorder.” Section 6032 of the SUPPORT Act also requires that CMS address, in a related Report to Congress, an evaluation of price trends for drugs used to reverse opioid overdoses, including recommendations on ways to lower prices for consumers. For further reference, the SUPPORT Act legislative text including section 6032 is [available here](#).

**REQUEST FOR INFORMATION:** We invite the public to submit feedback regarding ways that CMS can help address the Nation’s opioid crisis through the development of the Action Plan. We are soliciting feedback on the following questions:

Questions on Acute and Chronic Pain:

1. What actions can CMS take to enhance access to appropriate care for acute and/or chronic pain in Medicare and Medicaid, including
  - a. For special populations (for example, individuals with sickle cell anemia or individuals living in health professional shortage areas) and/or
  - b. Through remote patient monitoring, telehealth, and other telecommunications technologies?
2. What, if any, payment and coverage policies under Medicare and/or Medicaid for the treatment of acute and/or chronic pain, do you believe, may have contributed to the use of opioids? If answering this question, please provide information on how these policies have contributed.
3. What, if any, payment and coverage policies in Medicare and/or Medicaid have enhanced or impeded access to non-opioid treatment of acute and/or chronic pain?
4. What evidence-based treatments, Food and Drug Administration (FDA)-approved evidence-based medical devices, applications, and/or services and items for the following conditions are not covered, or have limited coverage for Medicare beneficiaries with
  - a. Acute and/or chronic pain;
  - b. Pain and behavioral health needs requiring integrated care across pain management and substance use disorder (SUDs), with consideration of high risk patients (i.e. multiple medications, suicide risk)?

5. What payment and service delivery models, such as those that utilize multimodal and multi-disciplinary approaches to effectively manage acute and chronic pain and minimize the risk of opioid misuse and OUD, could be tested by the Center for Medicare and Medicaid Innovation or through other federal demonstration projects?
  - a. What existing models, treatments or strategies identify and effectively manage the population of individuals misusing prescription opioids or using illicit opioids who then develop new or exacerbating pain?
6. What can CMS do to better ensure appropriate care management for Medicare beneficiaries with pain who transition across settings, and/or between pain therapies?
7. How can Medicare and Medicaid data collection for acute and chronic pain better support coverage, payment, treatment, access policies, and ongoing monitoring?
8. What other issues should CMS consider to improve coverage and payment policies in Medicare and Medicaid to enhance access to and effective management of beneficiaries with acute and/or chronic pain?

Questions on Substance Use Disorders, including Opioid Use Disorders:

1. What, if any, payment and coverage policies under Medicare and/or Medicaid for the treatment of SUDs, including MAT, do you believe, may help address the Nation's opioid crisis? If answering this question, please provide information on how these policies may help.
2. What, if any, payment and coverage policies in Medicare and/or Medicaid have enhanced or impeded the identification of, and access to the treatment by, beneficiaries with SUDs, including OUD?
3. What evidence-based treatments, FDA-approved evidence-based medical devices, applications, and/or services that treat or monitor SUD, including OUD, monitor substance use withdrawal and/or prevent opioid misuse and opioid overdose are not covered, or have limited coverage, in Medicare?
4. What payment and service delivery models that identify and treat people with pain who are at risk of, or have a past history of, OUD, could be tested by the Center for Medicare and Medicaid Innovation, or through other federal demonstration projects?
5. What actions could CMS take to improve access to evidence-based, FDA-approved MAT or other therapies in Medicare and Medicaid, including for special populations (for example individuals living in health professional shortage areas)?
6. What can CMS do to expand program access to the treatment of SUDs, including OUD, in Medicare and Medicaid through remote patient monitoring, telehealth, telecommunications and other technologies?
7. What recommendations do you have for data collection in Medicare and/or Medicaid
  - a. On the treatment of SUDs, including OUD, to better support coverage, payment, treatment, access policies, and ongoing monitoring, and/or
  - b. To facilitate research, policy development, and inform coverage and payment policies to prevent OUD?
8. What recommendations do you have to lower prices of drugs used to reverse opioid overdoses (e.g., naloxone) for consumers?

9. What other issues should CMS consider to improve coverage and payment policies in Medicare and Medicaid to enhance the identification of, treatment access by, and the treatment of beneficiaries with SUDs, including OUD?

**THIS IS A REQUEST FOR INFORMATION (RFI) ONLY.** This RFI is issued solely for information and planning purposes; it does not constitute a Request for Proposal (RFP), applications, proposal abstracts, or quotations. This RFI does not commit the U.S. Government to contract for any supplies or services or make a grant award. Further, we are not seeking proposals through this RFI and will not accept unsolicited proposals. Responders are advised that the U.S. Government will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the interested party's expense. We note that not responding to this RFI does not preclude participation in any future procurement, if conducted. It is the responsibility of the potential responders to monitor this RFI announcement for additional information pertaining to this request. In addition, we note that CMS will not respond to questions about the policy issues raised in this RFI.

CMS may or may not choose to contact individual responders. Such communications would only serve to further clarify written responses. Contractor support personnel may be used to review RFI responses. Responses to this notice are not offers and cannot be accepted by the U.S. Government to form a binding contract. Information obtained as a result of this RFI may be used by the U.S. Government for program planning on a non-attribution basis. Respondents should not include any information that might be considered proprietary or confidential. This RFI should not be construed as a commitment or authorization to incur cost for which payment would be required or sought. All submissions become U.S. Government property and will not be returned. CMS may publicly post the comments received, or a summary thereof.