

117TH CONGRESS
1ST SESSION

H. R. 5932

To amend titles XVIII and XIX of the Social Security Act to provide for the improvement of patient safety and to reduce the incidence of injury and death from opioid-induced respiratory depression under the Medicare and Medicaid programs.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 9, 2021

Ms. KUSTER (for herself and Mr. EMMER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend titles XVIII and XIX of the Social Security Act to provide for the improvement of patient safety and to reduce the incidence of injury and death from opioid-induced respiratory depression under the Medicare and Medicaid programs.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Inpatient Opioid Safe-
5 ty Act of 2021”.

1 **SEC. 2. PREVENTING OPIOID-INDUCED RESPIRATORY DE-**
2 **PRESSION AND DEATHS UNDER THE MEDI-**
3 **CARE AND MEDICAID PROGRAMS THROUGH**
4 **REQUIRED MONITORING.**

5 (a) **MEDICARE.**—Section 1866(a)(1) of the Social Se-
6 curity Act (42 U.S.C. 1395cc(a)(1)) is amended—

7 (1) in subparagraph (X), by striking “and” at
8 the end;

9 (2) in subparagraph (Y)(ii)(V), by striking the
10 period and inserting “; and”; and

11 (3) by inserting after subparagraph (Y) the fol-
12 lowing new subparagraph:

13 “(Z) in the case of a hospital or critical access
14 hospital and with respect to an individual who is fur-
15 nished, on or after July 1, 2022, any opioid (regard-
16 less of route of administration) while an inpatient of
17 such hospital or critical access hospital, to furnish to
18 such individual, during the period beginning at the
19 time such opioid is furnished and ending 12 hours
20 later (or, if earlier, the time such individual is dis-
21 charged), continuous physiologic electronic moni-
22 toring through a monitor that—

23 “(i) measures the adequacy of the respira-
24 tion of such individual to detect opioid-induced
25 respiratory depression needing intervention;

1 “(ii) can be configured to manage excess
2 false alarms; and

3 “(iii) records and transmits information on
4 blood oxygenation or ventilation of such indi-
5 vidual,

6 unless, before furnishing such opioid, a physician or
7 practitioner (as defined in section 1842(b)(18)(C))
8 treating such individual determines that such moni-
9 toring is contraindicated and records such deter-
10 mination in the treatment records of such indi-
11 vidual.”.

12 (b) MEDICAID.—Section 1902(a) of the Social Secu-
13 rity Act (42 U.S.C. 1396a(a))—

14 (1) in paragraph (86), by striking “and” at the
15 end;

16 (2) in paragraph (87), by striking the period
17 and inserting “; and”; and

18 (3) by inserting after paragraph (87) the fol-
19 lowing new paragraph:

20 “(88) provide that no hospital is eligible to re-
21 ceive payments under such plan unless such hospital
22 furnishes continuous physiologic electronic moni-
23 toring in accordance with the provisions of section
24 1866(a)(1)(Z).”.

○