

115TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

To direct the Secretary of Health and Human Services to conduct a demonstration program to test alternative pain management protocols to limit the use of opioids in hospital-based emergency departments.

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IN THE HOUSE OF REPRESENTATIVES

Mr. PASCRELL introduced the following bill; which was referred to the  
Committee on \_\_\_\_\_

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**A BILL**

To direct the Secretary of Health and Human Services to conduct a demonstration program to test alternative pain management protocols to limit the use of opioids in hospital-based emergency departments.

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 “\_\_\_\_\_ Act  
5       of 2017”.

6       **SEC. 2. FINDINGS.**

7       The Congress finds as follows:

1 (1) More than 90 Americans die each day of an  
2 opioid overdose, according to the National Institute  
3 on Drug Abuse.

4 (2) Opioids contributed to the deaths of more  
5 than 33,000 people in 2015, more than any year on  
6 official record. Nearly half of all opioid overdose  
7 deaths involve a prescription opioid.

8 (3) The Centers for Disease Control and Pre-  
9 vention estimate that the economic burden of pre-  
10 scription opioid misuse in the United States totals  
11 \$78.5 billion per year. This includes costs stemming  
12 from health care, including addiction treatment, lost  
13 productivity, and criminal justice involvement.

14 (4) Over 200 million opioid prescriptions are  
15 written in the United States each year, and  
16 2,000,000 Americans have the symptoms of sub-  
17 stance use disorder.

18 (5) Approximately 21 to 29 percent of patients  
19 prescribed opioids for chronic pain misuse them.

20 (6) Emergency departments in several States,  
21 including New Jersey and Colorado, have developed  
22 innovative programs to more widely utilize non-  
23 opioid pain treatments in order to reduce the use of  
24 opioids.

1 **SEC. 3. EMERGENCY DEPARTMENT ALTERNATIVES TO**  
2 **OPIOIDS DEMONSTRATION PROGRAM.**

3 (a) DEMONSTRATION PROGRAM GRANTS.—The Sec-  
4 retary of Health and Human Services acting through the  
5 Assistant Secretary for Mental Health and Substance Use  
6 (in this section referred to as the “Secretary”) shall carry  
7 out a demonstration program under which the Secretary  
8 shall award grants to hospitals and emergency depart-  
9 ments, including freestanding emergency departments, to  
10 develop and implement alternative pain management pro-  
11 tocols that limit the use of opioids in hospital-based emer-  
12 gency departments.

13 (b) ELIGIBILITY.—To be eligible to receive a grant  
14 under subsection (a), a hospital or emergency department  
15 shall submit an application to the Secretary at such time,  
16 in such manner, and containing such information as the  
17 Secretary may require.

18 (c) GEOGRAPHIC DIVERSITY.—In awarding grants  
19 under this section, the Secretary shall seek to ensure geo-  
20 graphical diversity among grant recipients.

21 (d) USE OF FUNDS.—Grants under subsection (a)  
22 shall each be used for developing or enhancing, imple-  
23 menting, studying, and reporting on alternative pain man-  
24 agement protocols that—

1           (1) target common painful conditions, including  
2           renal colic, sciatica, headaches, musculoskeletal pain,  
3           and extremity fractures; and

4           (2) may include trigger point injections, nitrous  
5           oxide, ultrasound-guided nerve blocks, and non-  
6           opioid pain medications.

7           (e) CONSULTATION.—The Secretary shall implement  
8           a process for recipients of grants under subsection (a) to  
9           consult (in a manner that allows for sharing of evidence-  
10          based best practices) with emergency departments and  
11          physicians that have successfully deployed alternative pain  
12          management protocols that limit the use of opioids.

13          (f) REPORT TO THE SECRETARY.—Each recipient of  
14          a grant under this section shall submit to the Secretary  
15          annual evaluations of the progress of the program funded  
16          through the grant. These evaluations shall include—

17               (1) a description of and specific information  
18               about the alternative pain management protocols  
19               employed;

20               (2) the number of patients who were treated  
21               with each alternative pain management protocol;

22               (3) the success of each specific alternative pain  
23               management protocol;

24               (4) data on the number of opioid prescriptions  
25               written—

1 (A) before the program began; and

2 (B) at various stages of the program;

3 (5) the demographic characteristics of patients  
4 who were treated with an alternative pain manage-  
5 ment protocol, including age, sex, race, ethnicity,  
6 and insurance status and type;

7 (6) data on patients who were eventually pre-  
8 scribed opioids after alternative pain management  
9 protocols were employed; and

10 (7) any other information the Secretary deems  
11 necessary.

12 (g) REPORT TO CONGRESS.—Not later than 120 days  
13 after completion of the demonstration program under this  
14 section, the Secretary shall submit a report to the Con-  
15 gress on the results of the demonstration program and in-  
16 clude in the report—

17 (1) the number of applications received and the  
18 number funded; and

19 (2) recommendations for broader implementa-  
20 tion of pain management protocols that limit the use  
21 of opioids in hospital-based emergency departments.

22 (h) AUTHORIZATION OF APPROPRIATIONS.—To carry  
23 out this section, there is authorized to be appropriated  
24 \$10,000,000 for each of fiscal years 2019 through 2021.