

**AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO H.R. 5197  
OFFERED BY M . \_\_\_\_\_**

Strike all after the enacting clause and insert the following:

**1 SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Alternatives to Opioids  
3 in the Emergency Department Act” or the “ALTO Act”.

**4 SEC. 2. EMERGENCY DEPARTMENT ALTERNATIVES TO  
5 OPIOIDS DEMONSTRATION PROGRAM.**

6 (a) DEMONSTRATION PROGRAM GRANTS.—The Sec-  
7 retary of Health and Human Services (in this section re-  
8 ferred to as the “Secretary”) shall carry out a demonstra-  
9 tion program under which the Secretary shall award  
10 grants to hospitals and emergency departments, including  
11 freestanding emergency departments, to develop, imple-  
12 ment, enhance, or study alternative pain management pro-  
13 tocols and treatments that promote the appropriate lim-  
14 ited use of opioids in emergency departments.

15 (b) ELIGIBILITY.—To be eligible to receive a grant  
16 under subsection (a), a hospital or emergency department  
17 shall submit an application to the Secretary at such time,

1 in such manner, and containing such information as the  
2 Secretary may require.

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

6 (d) USE OF FUNDS.—Grants under subsection (a)  
7 shall be used to—

8 (1) target common painful conditions, such as  
9 renal colic, sciatica, headaches, musculoskeletal pain,  
10 and extremity fractures;

11 (2) train providers and other hospital personnel  
12 on protocols and the use of treatments that limit the  
13 use and prescription of opioids in the emergency de-  
14 partment; and

15 (3) provide alternatives to opioids to patients  
16 with painful conditions, not including patients who  
17 present with pain related to cancer, end-of-life symp-  
18 tom palliation, or complex multisystem trauma.

19 (e) CONSULTATION.—The Secretary shall implement  
20 a process for recipients of grants under subsection (a) to  
21 consult (in a manner that allows for sharing of evidence-  
22 based best practices) with each other and with persons  
23 having robust knowledge, including emergency depart-  
24 ments and physicians that have successfully deployed al-  
25 ternative pain management protocols, such as non-drug

1 approaches studied through the National Center for Com-  
2 plimentary and Integrative Health including acupuncture  
3 that limit the use of opioids. The Secretary shall offer to  
4 each recipient of a grant under subsection (a) technical  
5 support as necessary.

6 (f) REPORT TO THE SECRETARY.—Each recipient of  
7 a grant under this section shall submit to the Secretary  
8 (during the period of such grant) annual reports on the  
9 progress of the program funded through the grant. These  
10 reports shall include, in accordance with State and Fed-  
11 eral statutes and regulations regarding disclosure of pa-  
12 tient information—

13 (1) a description of and specific information  
14 about the alternative pain management protocols  
15 employed;

16 (2) data on the alternative pain management  
17 protocols and treatments employed, including—

18 (A) during a baseline period before the  
19 program began, as defined by the Secretary;

20 (B) at various stages of the program, as  
21 determined by the Secretary; and

22 (C) the conditions for which the alternative  
23 pain management protocols and treatments  
24 were employed;

1           (3) the success of each specific alternative pain  
2 management protocol;

3           (4) data on the opioid prescriptions written, in-  
4 cluding—

5                 (A) during a baseline period before the  
6 program began, as defined by the Secretary;

7                 (B) at various stages of the program, as  
8 determined by the Secretary; and

9                 (C) the conditions for which the opioids  
10 were prescribed;

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

15           (6) data on patients who were eventually pre-  
16 scribed opioids after alternative pain management  
17 protocols and treatments were employed; and

18           (7) any other information the Secretary deems  
19 necessary.

20           (g) REPORT TO CONGRESS.—Not later than one year  
21 after completion of the demonstration program under this  
22 section, the Secretary shall submit a report to the Con-  
23 gress on the results of the demonstration program and in-  
24 clude in the report—

1           (1) the number of applications received and the  
2           number funded;

3           (2) a summary of the reports described in sub-  
4           section (f), including standardized data; and

5           (3) recommendations for broader implementa-  
6           tion of pain management protocols that limit the use  
7           and prescription of opioids in emergency depart-  
8           ments or other areas of the health care delivery sys-  
9           tem.

10          (h) AUTHORIZATION OF APPROPRIATIONS.—To carry  
11          out this section, there is authorized to be appropriated  
12          \$10,000,000 for each of fiscal years 2019 through 2021.

